

Name
in
Full

Lebanon Allen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

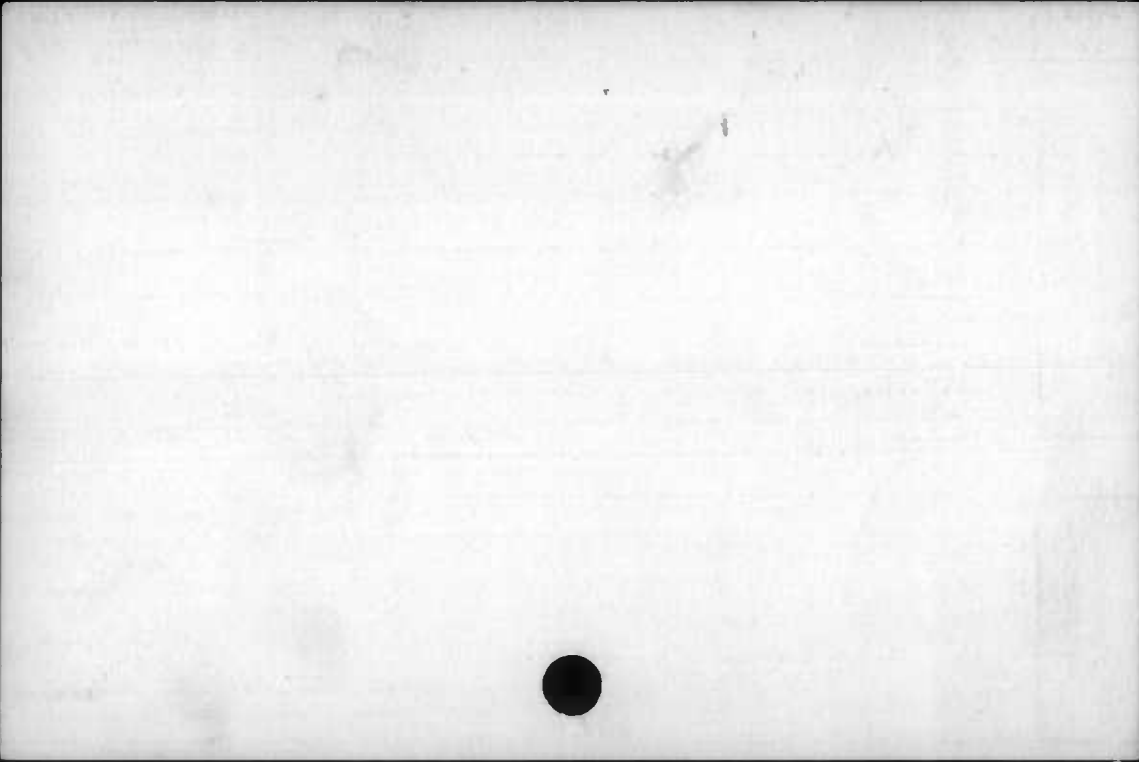
Died at <i>M^e Donogh</i> <small>Town</small>		<i>Boals</i> <small>County</small>		MARYLAND	
Date of death	<i>1909</i>	Month <i>5-</i>	Day <i>5-</i>	Age <i>15-</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Unknown</i>		
Occupation <i>none (Pupil) M^e Donogh</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband		
Father's Name <i>Burgess B. Allen</i>			Father's Birthplace <i>Ia</i>		
Mother's Maiden Name <i>Minnie Senf</i>			Mother's Birthplace <i>Ia</i>		
Name of person giving information <i>J^m Allen (Brother)</i>			How related to deceased		

CAUSES OF DEATH

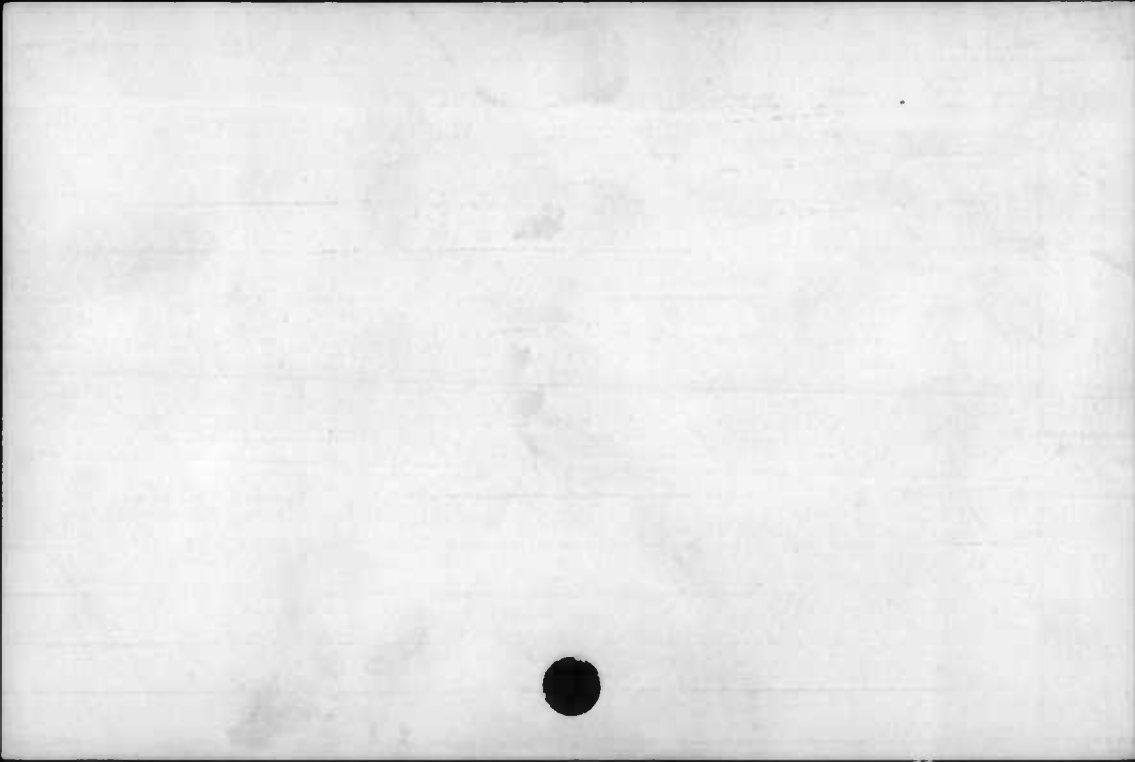
64.

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>suddenly</i>
Immediate <i>Apoplexy</i>	How long <i>about 6</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. H. B. [illegible]</i>
	Address <i>Cummins Mills Md</i>
Accident or Suicide?	



Name in Full		Baby. Appleby.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Catonsville		Baltimore		MARYLAND	
	Date of death	1909	May	17	Age	7 mos	in Utero
	Sex	female		Color or Race	white		Birth-place
	Occupation	—		Where Residing if not at place of death		Catonsville	
	Married, Single or Widowed	Single		Name of Wife or Husband		none	
	Father's Name	Harry C Appleby.				Father's Birthplace	Ind
PHYSICIAN OR CORONER	Mother's Maiden Name	Charlotte Massey.				Mother's Birthplace	Scotland
	Name of person giving information	Harry C Appleby.				How related to deceased	Father
	CAUSES OF DEATH						(D)
PHYSICIAN OR CORONER	Primary	7 mos in Utero					How long
	Immediate						How long
	Are the name, age, sex, color, date and place correctly given above?	yes.					Signature of Physician
						Address	Marshall B. West, Catonsville Ind. 1
Accident or Suicide?							



Name
in
Full

Theodore Springdale

CERTIFICATE OF DEATH

MARYLAND

Died at 3388 E Lombard Baltimore County

Date of death 1909 May 14 Age 58 Years Months Days

Sex Male Color or Race White Birth-place Talbot Co. Md.

Occupation Laborer Where Residing if not at place of death Same

Married, Single or Widowed Widowed Name of Wife or Husband Catherine Springdale

Father's Name Unknown Father's Birthplace England

Mother's Maiden Name Sudby Mother's Birthplace Ireland

Name of person giving information Laura Springdale How related to deceased Daughter

CAUSES OF DEATH

Primary Cardiac Syncope How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above? Signature of Physician

Address 3388 E Baltimore

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Mt. Carmel. —

May 17/909.

Wm P. Oorr

502 E. Martha

Name
in
Full

Margaret Elizabeth Beck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Larrison* Town *Baltimore* County **MARYLAND**Date of death *1909* Month *May* Day *7* Age *1* Years Months Days *18*Sex *Female* Color or Race *white* Birth-place *Ind*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *Infant* Name of Wife or HusbandFather's Name *Elmer Beck*Father's Birthplace *Baltimore Co*Mother's Maiden Name *Annie Elizabeth Beck*Mother's Birthplace *Montgomery Co*Name of person giving Information *Elmer Beck*How related to deceased *Father*

CAUSES OF DEATH

93

Primary *Pneumonia*How long *6 days*Immediate *Convulsion*How long *6 hrs*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *J. W. Slade*Address *Reisterstown Md*

Accident or Suicide

PHYSICIAN
OR CORONER

Joseph Ellice -

Pleasant Hill Cemetery

Name
in
Full

Louisa Becker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		5	17	87			
Sex	Female	Color or Race	White	Birth-place	Germany		
Occupation	None			Where Residing if not at place of death	3425 Eastern Ave.		
Married, Single or Widowed	Widow	Name of Wife or Husband	Henry Becker				
Father's Name	Unknown			Father's Birthplace	Germany		
Mother's Maiden Name	Unknown			Mother's Birthplace	Germany		
Name of person giving information	Mrs Henry Schert			How related to deceased	Daughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Apoplexy Debility	How long	64	5 days
Immediate		How long		5 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. J. A. Slautz	
		Address	3241 East Ave.	
Accident or Suicide				

Under Balto Cemetery
Herrigson

5/19/09

Name in Full		Margaret Louise Betz				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Canton		County Baltimore		MARYLAND	
	Date of death	1909	Month May	Day 14	Age 56	Years 6	Months 28
	Sex	Female		Color or Race	White		Birth- place
	Occupation	Housewife		Where Residing if not at place of death		Maryland	
	Married, Single or Widowed	Married		Name Husband	William Betz		
	Father's Name	John H. Grimes				Father's Birthplace	Maryland
	Mother's Maiden Name	Ann E. Claggett				Mother's Birthplace	Maryland
Name of person giving In formation	William Betz				How related to deceased	Husband	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 2px solid black; border-radius: 50%; padding: 5px; width: 100px; margin: 0 auto;">113</div>							
PHYSICIAN OR CORONER	Primary	Biliary Calculi				How long	7 days
	Immediate	Cardiac Syncope				How long	Immediate
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	D. W. Jones	
					Address	316 O'Donnell St.	
Accident or Suicide? <input type="checkbox"/>							

Wt Lammel

May 16/09

H. Sander & Sons

Name
in
Full

CERTIFICATE OF DEATH

Wm H. Blizzard

TO BE ANSWERED BY
NEAREST FRIEND

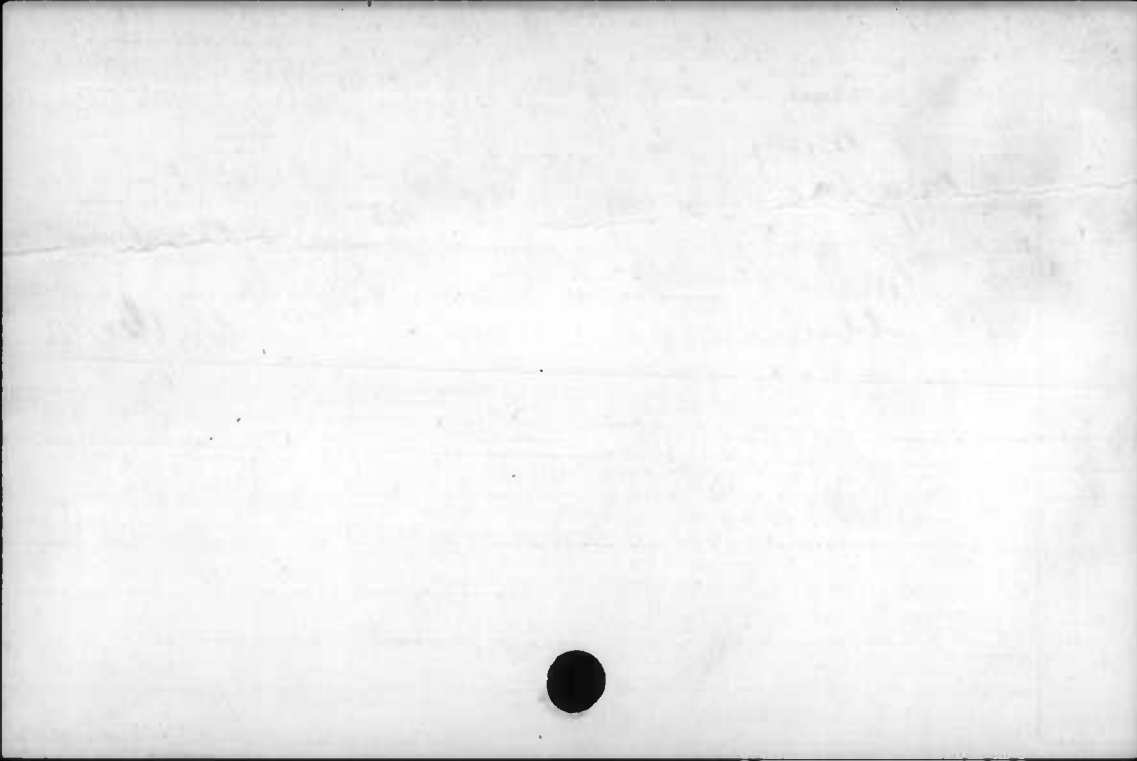
Died at <i>Tobins</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month	<i>May</i>	Day	<i>6</i>
Age		<i>73</i>		Months	<i>—</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Md -</i>
Occupation	<i>Fireman</i>		Where Residing if not at place of death <i>Tobins Md.</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>Sarah Ruth</i>			
Father's Name	<i>Unknown</i>			Father's Birthplace	<i>Unknown</i>
Mother's Maiden Name	<i>"</i>			Mother's Birthplace	<i>"</i>
Name of person giving information	<i>"</i>			How related to deceased	<i>Daughter</i>

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary	<i>Unknown - Intestinal</i>	How long	<i>—</i>
Immediate	<i>Inguinal - Shock</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>St Louis Taylor</i>
		Address	<i>Pittsboro</i>
Accident or Suicide?			<i>Md</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name **Curtis McClellan Bortner** +
 Died at **Roland Park** ^{Town} **Baltimore** ^{County} **MARYLAND**
 Date of death **1909** ^{Month} **May** ^{Day} **25** ^{Age} **30** ^{Years} **11** ^{Months} **11** ^{Days}
 Sex **Male** Color or Race **White** Birth-place **Codorus Pa**
 Occupation **Stonemason** Where Residing if not at place of death **Place of death**
 Married, Single or Widowed **Single** Name of Wife or Husband **—**
 Father's Name **Louis S. Bortner** Father's Birthplace **Pa**
 Mother's Maiden Name **Henda Miller** Mother's Birthplace **Pa**
 Name of person giving information **Louis S. Bortner** How related to deceased **Father**

Lobar pneumonia,

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary **Typhoid Pneumonia** How long **11 days**
 Immediate **Exhaustion + Asphyxia** How long **23 hours**
 Are the name, age, sex, color, date and place correctly given above? **Yes**
 Signature of Physician **M. Gibson Fort**
 Address **Roland Park Md**
 Accident or Suicide? **No**

A. S. Marshall
3839 Falk Road

G. Brod. Beck York Co. Pa

May 27 - 09

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

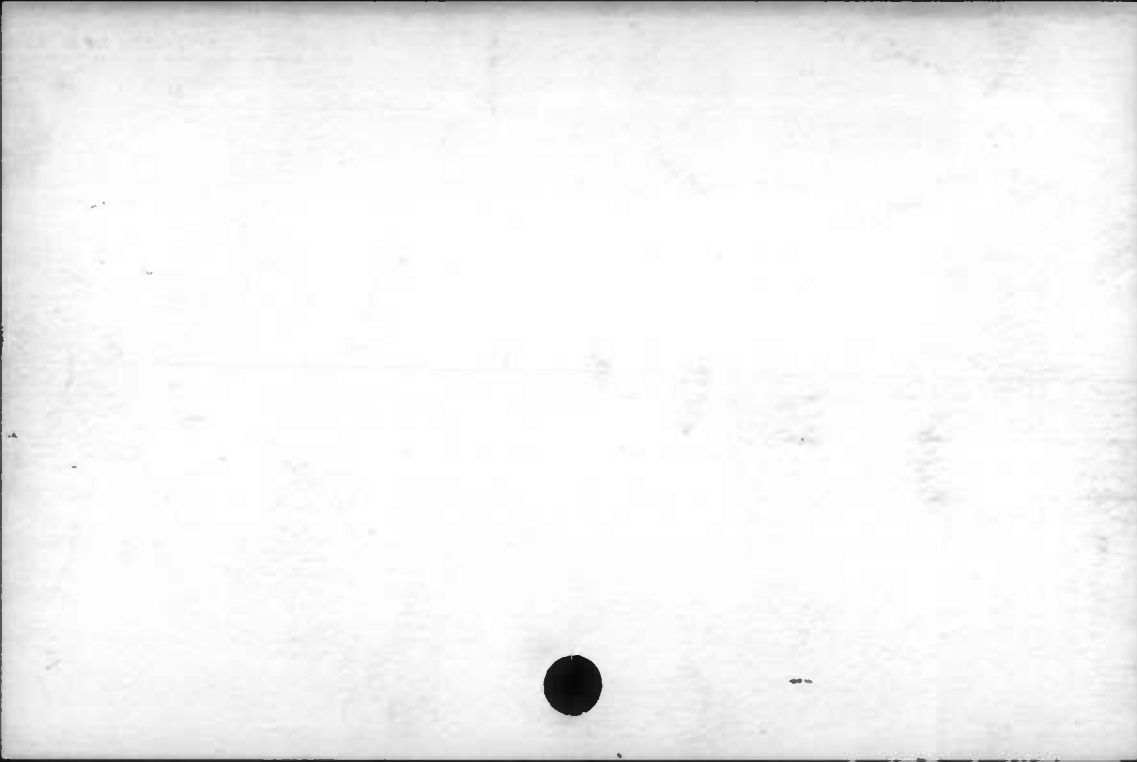
MARYLAND

Died at *Stansbury* ^{Town} *White Marsh**Brian* ^{County} *Boale*Date of death 190 ^{Year} *9* ^{Month} *May* ^{Day} *22*Age *57* ^{Years}*—* ^{Months} *—* ^{Days}Sex *Male* Color or Race *White*Birthplace *Med*Occupation *Farmer*Where Residing if not
at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Clara Canoles*Father's Name *Nicholas Brian*Father's Birthplace *Med*Mother's Maiden Name *Stansbury*Mother's Birthplace *Med*Name of person giving Information *Mrs Stansbury Brian*How related to deceased *Wife*

CAUSES OF DEATH

40

Primary *Gastric Cancerous* ^{How long} *6 mo*Immediate *Stear failure* ^{How long} *—*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *L. V. Williams*Address *Boisville*Accident or Suicide *—*



Name
in Full

Almira Norfolk Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Arlington</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 1909 <i>May</i> ^{Month} <i>1st</i> ^{Day}		Age <i>22</i> ^{Years}		<i>1</i> ^{Months} <i>26</i> ^{Days}	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Baltimore city</i>			
Occupation <i>Household maid</i>	Where Residing if not at place of death <i>Arlington</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>George William Brown</i>			Father's Birthplace <i>Baltimore city</i>		
Mother's Maiden Name <i>Almira Norfolk</i>			Mother's Birthplace <i>Baltimore city</i>		
Name of person giving information <i>Mary D. Leimbach</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

59

Primary <i>Chronic Arsenic Poison</i>	How long <i>18 months</i>
Immediate <i>Heart failure</i>	How long <i>immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. Holliday Emich</i>
	Address <i>Arlington, Md.</i>
Accident or Suicide <i>Natural</i>	

PHYSICIAN
OR CORONER

E Harle

Name in Full James Brown		CERTIFICATE OF DEATH	
Died at Bradshaw		County Balto	
Date of death 1907		Maryland	
Month 25		Day 21	
Age 89		Months —	
Sex Male		Color or Race Black	
Occupation Farmer		Birth-place Ind	
Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Lane Brown (Deceased)	
Father's Name Jacob Brown		Father's Birthplace Ind	
Mother's Maiden Name Mary L. Bank		Mother's Birthplace Ind	
Name of person giving information Gracie Smith		How related to deceased Daughter	
CAUSES OF DEATH		154	
Primary General debility of old age		How long several weeks	
Immediate Inanition		How long one week	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician A. M. [Signature]	
Address [Redacted]		Lappa Md.	
Accident or Suicide? No			

2340-67H-

H. H. H.

Missy A. S. H.

Birth April 16, 1909

aged 47 yrs.

Y. H. H.

H. H. H.

H. H. H.

W. H. H. H. H. H.

W. H. H. H. H. H.

W. H. H. H. H. H.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Highlandtown</i>		^{County} <i>Baltimore</i>		MARYLAND	
Date of death	1909	Month	May	Day	5
Sex	Male	Age	45	Months	8
Color or Race	White	Birth-place	Ind.	Days	3
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Widower	Name of Wife or Husband	Adelle L. Bryan		
Father's Name	Thomas J. Bryan	Father's Birthplace	Ind.		
Mother's Maiden Name	Annie K. Murphy	Mother's Birthplace	Ind.		
Name of person giving information	Thelma Bryan	How related to deceased	Son		

CAUSES OF DEATH

45

PHYSICIAN
OR CORONER

Primary	<i>Osteo-Sarcoma Life 4 mo</i>	How long	4 mo
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	<i>A. S. Wagner M.D.</i>
		Address	<i>320 Highland Ave</i>
Accident or Suicide?	No		

Baltimore Cemetery
May 9th 1919

H. Sanady & Son
1110 Canton Ave

W. Mower.

Name
in
Full

Lizzie York Case

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>4 Virginia Ave</u>		Town <u>Baltimore</u>		County		MAYLAND	
Date of death <u>1909</u>		Month <u>May</u>		Day <u>25</u>		Age <u>69</u>	
Sex <u>Female</u>		Color or Race <u>W.</u>		Birth place <u>Chila. Pa.</u>			
Occupation <u>none</u>		Where Residing if not at place of death _____					
Married, Single or Widowed <u>Widow</u>		Name of Wife or Husband <u>James Madison Case</u>					
Father's Name <u>Noratio L loyd</u>		Father's Birthplace <u>Penn.</u>					
Mother's Maiden Name <u>Mary Edel.</u>		Mother's Birthplace <u>Chila, Pa.</u>					
Name of person giving Information <u>Charles A L loyd</u>		How related to deceased <u>Brother</u>					

CAUSES OF DEATH

104

Primary	<u>acute indigestion</u>	How long	<u>about 12 hours</u>
Immediate	<u>Heart failure from the above cause</u>	How long	_____

Are the name, age, sex, color, data and place correctly given above?

Yes

Signature of Physician

L. F. Shemwell, M.D.
Address 2226 Madison Ave., Baltimore.

Accident or Suicide

PHYSICIAN
OR CORONER

Place of burial, Presbyterian Cemetery, Govanstown,
Balto., Co., Md.

Undertakers, Henry W. Mears & Son, Baltimore, Md.

Name
in
Full

Philomena C. Cassidy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Graustown</i> Town			<i>Baltimore</i> County			MARYLAND		
Date of death <i>1909</i>		Month <i>May</i>	Day <i>16</i>	Age <i>70</i>		Months <i>—</i>		Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Baltimore</i>				
Occupation <i>Housekeeper</i>				Where Residing if not at place of death <i>Graustown</i>				
<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single				Name of Wife or Husband <i>Luke Cassidy</i>				
<input checked="" type="checkbox"/> Widowed								
Father's Name <i>Jos. H. Rasenstul</i>				Father's Birthplace <i>Balto.</i>				
Mother's Maiden Name <i>Victoria O'Varre</i>				Mother's Birthplace <i>Balto.</i>				
Name of person giving information <i>Jos. H. Rasenstul</i>				How related to deceased <i>Brother</i>				

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>2 days</i>
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. H. Duncan</i>
	Address <i>Graustown Md</i>
Accident or Suicide?	

H. C. Wadfield

914 Greenmount Ave

May 18, 1909

St. Mary's Cemetery,
Govanstown

Name
in
Full

Hannah^{sub} Chester

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Orangville B</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	190 <i>9</i>	Month <i>May</i>	Day <i>18</i>	Age <i>85</i>	Years	Months <i>9</i>	Days <i>02</i>
Sex <i>Female</i>	Color or Race <i>W.</i>	Birth-place <i>Yorkshire England</i>		Where Residing if not at place of death			
Occupation <i>None</i>	Married, Single or Widowed <i>Widow</i>			Name of Wife or Husband <i>Michael Chester</i>			
Father's Name	<i>Crossland</i>			Father's Birthplace <i>England</i>			
Mother's Maiden Name <i>Mary</i>				Mother's Birthplace <i>England</i>			
Name of person giving Information <i>Wm. No opps.</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Arterio-sclerosis</i>	How long	<i>One year</i>
Immediate	<i>Respiratory failure</i>	How long	<i>One day</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>E. G. Quirk</i>
Accident or Suicide	<i>No</i>	Address	<i>2000 E. Baltimore</i>

Place of Burial, Baltimore Cemetery

Undertaker, Henry W. Mears & Son

Name
in
Full

Still-Born child of Joseph and Mary E. Conley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Canton		Town Baltimore		County		MARYLAND	
Date of death 1909	Month May	Day 27	Age —	Years —	Months —	Days —	
Sex Female	Color or Race White		Birth-place Md.				
Occupation —			Where Residing if not at place of death 3211 O'Donnell St.				
Married, Single or Widowed —			Name of Wife or Husband —				
Father's Name Joseph Conley				Father's Birthplace Delaware			
Mother's Maiden Name Mary E. Jester				Mother's Birthplace Maryland			
Name of person giving information Joseph Conley				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Still Birth	How long —
Immediate Compression of Cord	How long two hours
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician H. L. Burke M.D.
	Address 3042 Hudson St
Accident or Suicide?	12

Zirkler + Zirkler
1739 E. Eager St.

Mt. Carmel Cemetery
May 28-1909

Name
in
Full

Edmund Emory Coyle Natbrook Md

CERTIFICATE OF DEATH

Died at ^{Sheppard} ^{Town} ~~Sheppard~~ ^{County} ~~Belts~~ ^{MARYLAND}

Date of death 1909 May 20 Age 35 Months ? Days 2

Sex Male Color or Race Wh Birth-place Md

Occupation Newspaper Reporter Where Residing if not at place of death Natbrook Md

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Bernard F Father's Birthplace Md

Mother's Maiden Name Mary A Shantz Mother's Birthplace Mass

Name of person giving Information Ed Bruch How related to deceased Physician

CAUSES OF DEATH

Primary Acute Maniacal Excitement Collapse How long 2 Wks

Immediate Collapse How long Immediate

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Ed Bruch

Address Sheppard St Apt 6 Town Md

Accident or Suicide No

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

W J. Tibkner

Washington d C

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Forest M Craig

Town

County

Died at

Rossville

Barto

MARYLAND

Date

of death

1909

Month

May

Day

14

Years

Age

7

Months

Days

Sex

Male

Color or
Race

colored

Birth-
place

Md

Occupation

—

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Wm Craig

Father's
Birthplace

Md

Mother's
Maiden Name

Sarah Brown

Mother's
Birthplace

Md

Name of person giving
Information

Wm Craig

How related
to deceased

Father

CAUSES OF DEATH

94

PHYSICIAN
OR CORONER

Primary

Cerebral
Hemorrhage

How long

2 Months

Immediate

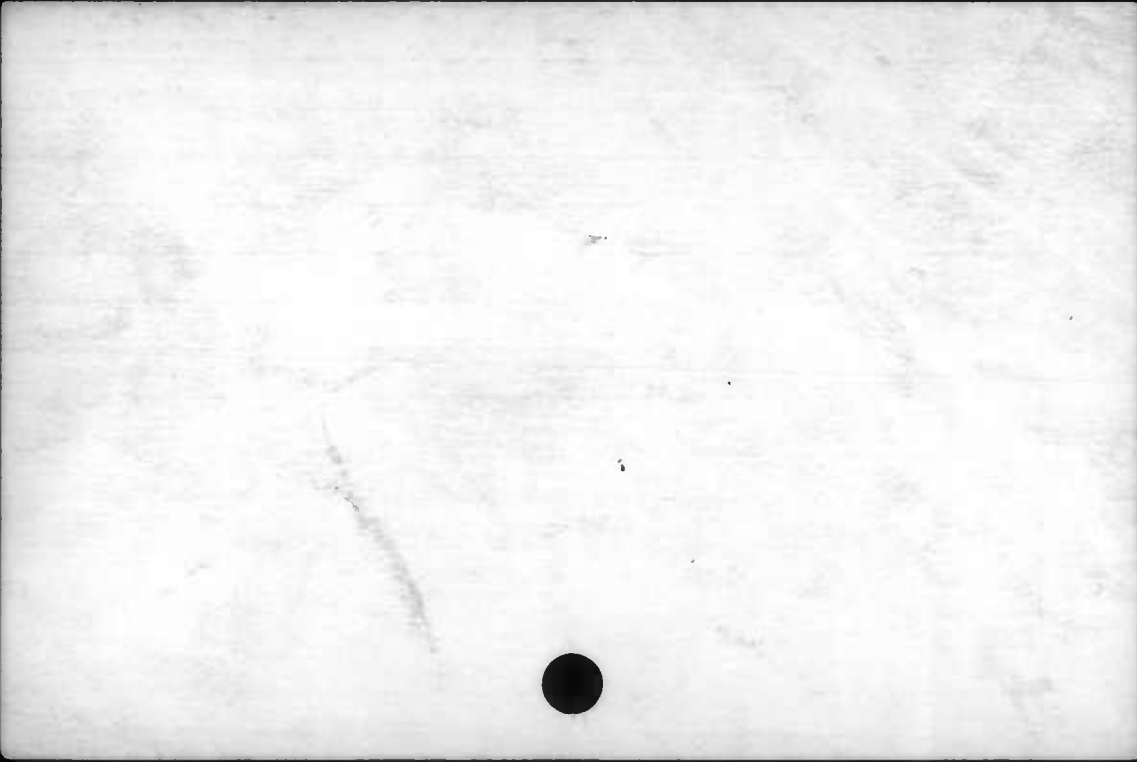
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

C. Williams
Rossville
Md

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Elizabeth T. Croother</i>		Town <i>Tinonium</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Tinonium</i>		Month <i>May</i>		Day <i>25</i>		Years <i>58</i>	
Date of death <i>1909</i>		Months <i>6</i>		Days			
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Shawau Md.</i>			
Occupation <i>Domestic</i>		Where Residing if not at place of death <i>Tinonium Md.</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Saml. S. Croother Sr.</i>					
Father's Name <i>Thos B. Bond</i>		Father's Birthplace <i>Balt. Co.</i>					
Mother's Maiden Name <i>Sara J. Bond</i>		Mother's Birthplace <i>Balt. Co.</i>					
Name of person giving information <i>Saml S. Croother Sr.</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>25 yrs.</i>
Immediate <i>Chronic Interstitial Nephritis</i>	How long <i>1 yr</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>B. F. Boney M.D.</i>
	Address <i>Texas Md</i>
Accident or Suicide?	

Horace Burpee
3631 Falls Road
Baltimore

Prospect Hill
Dawson May 28

Name
in
Full

Mary Cunningham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

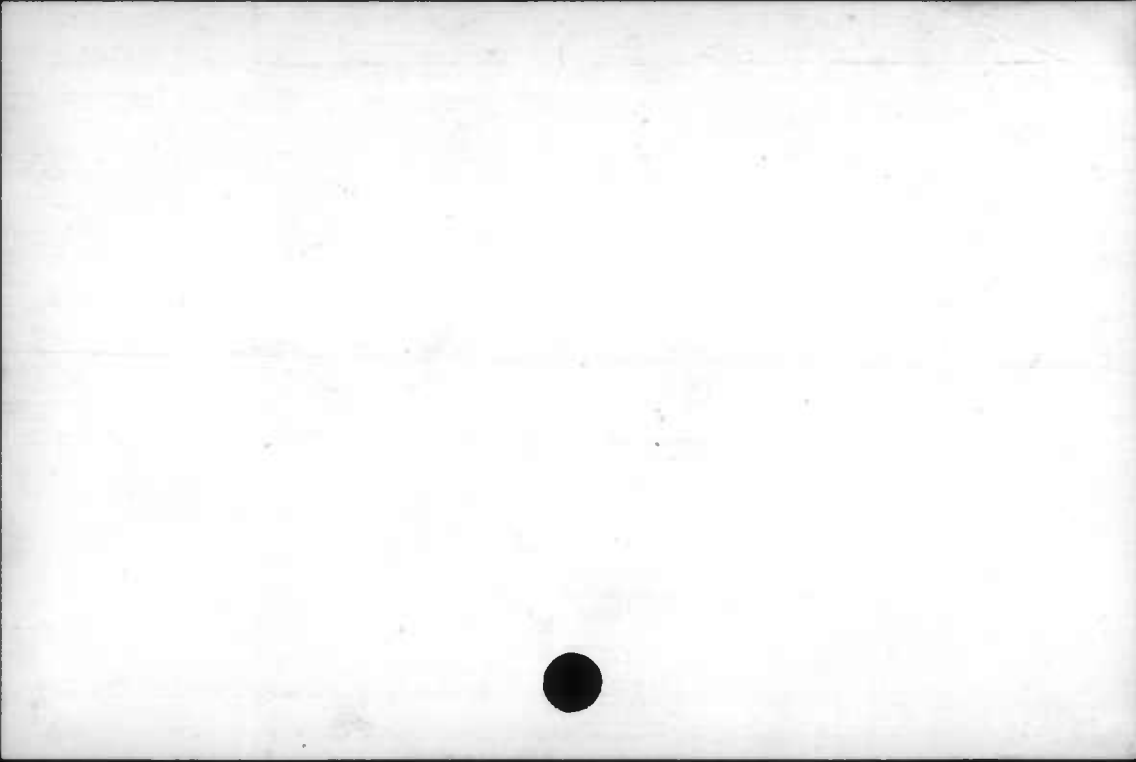
Died at <u>Spinnis Point</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	190 <u>9</u> ^{Month}	<u>May</u> ^{Day}	<u>26</u> ^{Years}	Age	<u>—</u> ^{Months}
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Spinnis Point</u>
Occupation	<u>Nurse</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband <u>—</u>		
Father's Name	<u>Wm Cunningham</u>			Father's Birthplace	<u>Scotland</u>
Mother's Maiden Name	<u>Mary Williams</u>			Mother's Birthplace	<u>Wales</u>
Name of person giving Information	<u>Mary Cunningham</u>			How related to deceased	<u>Mother</u>

CAUSES OF DEATH

151

PHYSICIAN
OF CORONER

Primary	<u>Pneumonia</u>	How long	<u>—</u>
Immediate	<u>Pneumonia</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>F. C. Eldred M.D.</u>
		Address	<u>Spinnis Point, Md.</u>
Accident or Suicide	<u>—</u>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDJoseph Emory Davis
Town Woodlawn Sta Balto County

MARYLAND

Died at
Date of death 1909 May 24th Age —
Month 4 Days 16

Sex male Color or Race black Birth-place Woodlawn

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Samuel Davis Father's Birthplace Woodlawn

Mother's Maiden Name Emma Davis Mother's Birthplace Woodlawn

Name of person giving information Samuel Davis How related to deceased Father

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary Bronchitis pneumonia How long 1 week

Immediate Catarrhal Paratyphoid How long 1 day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician A. C. Smith

Address Woodlawn

Accident or Suicide?

John H. Goodwin
Randell Town.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at

Roland Park

Town

County

Balto.

MARYLAND

Date

of death

1909 May 15

Month

Day

Age

Years

66

Months

Days

Sex

female

Color or
Race

white

Birth-
place

Germany

Occupation

Where Residing if not
at place of death

Roland Park

Married, Single
or WidowedName of Wife or
Husband~~Thomas~~ Thomas DavisFather's
NameFether's
Birthplace

Germany

Mother's
Maiden NameMother's
Birthplace

21

Name of person giving
Information

Capt. Thomas Davis

How related
to deceased

husband

CAUSES OF DEATH

Primary

Bronchitis - Chronic

How long

Indefinite

Immediate

Heart - Failure

How long

One hour

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

R. B. Norment

Address

3847 Chestnut Ave

Accident or Suicide

No.

Dr. Warburton

3rd. av. x Chestnut ad.

Wm Cook
522 1/2 North ave
St Mary's Cemetery
Hampden
Mass 1809

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *William A. Davis*
Died at *16 St. Leonard Rd* *Balt* County
Date of death *1909* *May* *28* Age *62*
Sex *Male* Color or Race *White* Birth-place *Balt City*
Occupation *Ship Carpenter* Where Reiding if not at place of death *Balt City*
Married, Single or Widowed *Widowed* Name of Wife or Husband *None*
Father's Name *Unknown* Father's Birthplace *Unknown*
Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*
Name of person giving Information *Louis Kelly* How related to deceased *None*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cardiac Syncope* How long *79*
Immediate *Coroner* How long *12*
Are the name, age, sex, color, date and place correctly given above?
Signature of Physician *W. S. Sudler, M.D.*
Address
Accident or Suicide

H. Sanders & Son

1710 Centre Ave.

Name in Full		Joseph Deneus				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town <i>Govanstown</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>
	Date of death	<i>1909</i>	Month <i>May</i>	Day <i>26</i>	Age <i>45</i>	Years <i>9</i>	Months <i>9</i>
	Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place <i>Govanstown</i>
	Occupation	<i>Police man</i>			Where Residing if not at place of death <i>Govanstown</i>		
	Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Mary Deneus</i>		
	Father's Name	<i>Joseph Deneus</i>				Father's Birthplace	<i>Pennsylvania</i>
	Mother's Maiden Name	<i>Mary Dougherty</i>				Mother's Birthplace	<i>Govanstown</i>
	Name of person giving information	<i>Samuel Deneus</i>				How related to deceased	<i>Brother</i>
CAUSES OF DEATH							<i>50</i>
PHYSICIAN OR CORONER	Primary	<i>Diabetes Mellitis</i>				How long	<i>about 2 years</i>
	Immediate	<i>Hepatic Arteriosclerosis</i>				How long	<i>two years</i>
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>John Benson MD</i>		
	<i>Yes</i>				Address <i>2613 York Road</i>		
Accident or Suicide?							<i>9</i>

Mr. F. H. Hays
1/2 32 William
City
St. Mary's Roman
Cath. May 29/09.

Name
in
Full

CERTIFICATE OF DEATH

Hippolitious Diety

Town

County

Died at

Highlandtown

Balto.

MARYLAND

Date

of death

1909 May

Month

Day

1st

Age

Years

68

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Germany

Occupation

Watchman

Where residing if not
at place of death

410 Highland Ave

Married, Single
or Widowed

Married

Name of Wife or
Huband

Augusta Stock

Father's
Name

John Diety

Father's
Birthplace

Germany

Mother's

~~Married~~ Name

Agata Diety

Mother's
Birthplace

Germany

Name of person giving
Information

Augusta Diety

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

How long

2 days

Immediate

Paralysis

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. A. Schifield
1481 Lumber St

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Sacred Heart Cemetery

May 5th 09

Lilly and Zeiler
Undertakers

Name
in
Full

Infant

1 Dilworth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at For k Town Baltimore County MARYLAND

Date of death 1909 Month 11 Day 27 Age — Years — Months — Days 11

Sex Female Color or Race white Birth-place Md.

Occupation — Where Residing if not at place of death —

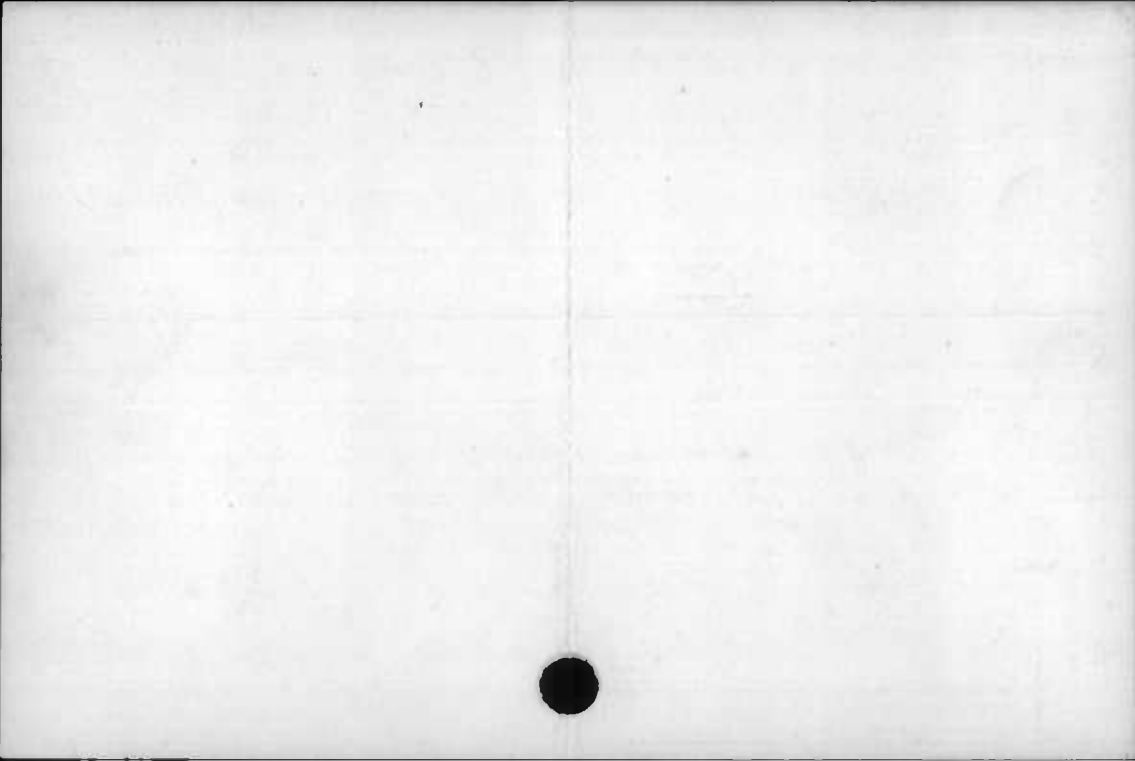
Married, Single
or WidowedName of Wife or
HusbandFather's Name J. Rem. DilworthFather's Birthplace MdMother's Maiden Name Estella CainMother's Birthplace MdName of person giving
In formation J. Rem. DilworthHow related
to deceased Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONERPrimary Acute Enteric ColitisHow long 3 daysImmediate "How long "Are the name, age, sex, color, date
and place correctly given above? yesSignature of Physician John A. GreenAddress 1111

Accident or Suicide



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

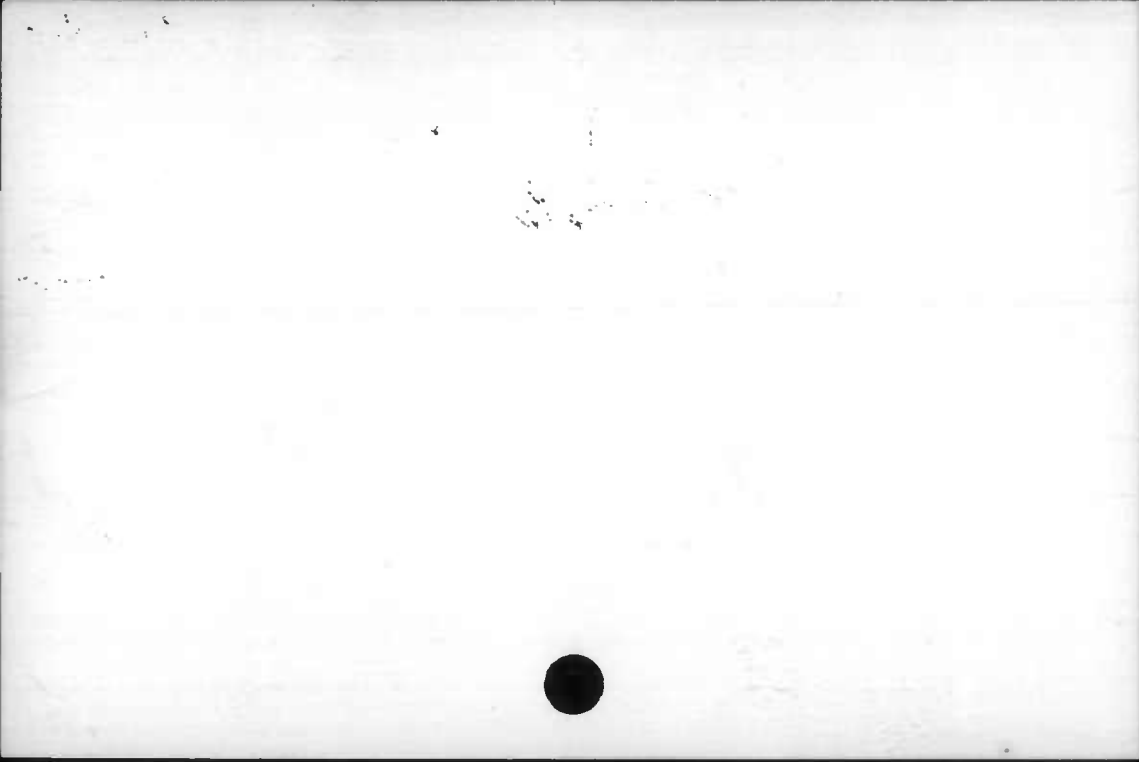
Died at		Town <i>Beugnot</i>		County <i>Bald</i>		MARYLAND	
Date of death		Month <i>May</i>	Day <i>9</i>	Years <i>85</i>	Months —	Days —	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Ind</i>				
Occupation <i>St W</i>				Where Residing if not at place of death —			
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband —					
Father's Name <i>Low A. Kussor</i>				Father's Birthplace <i>Pa</i>			
Mother's Maiden Name <i>Eliz. Miner</i>				Mother's Birthplace <i>Pa</i>			
Name of person giving Information <i>J. Low Dobbing</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>5 yrs</i>
Immediate <i>as above</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Shaw Hannon MD</i>
	Address <i>Middleburg Ind</i>
Accident or Suicide <i>no</i>	



Name
in
Full

Mary Dowd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lovson</u> Town			County <u>Balto.</u>			MARYLAND	
Date of death	1907	Month	May	Day	27	Age	46
Sex		Female		Color or Race		White	
Occupation		None		Birth-place		Ireland	
Where Residing if not at place of death				Lovson			
Married, Single or Widowed				Name of Wife or Husband			
Michael Dowd							
Father's Name				Patrick Kelly			
Father's Birthplace				Ireland			
Mother's Maiden Name				Julia Bradley			
Mother's Birthplace				Ireland			
Name of person giving information				Mrs. J. V. Brinn			
How related to deceased				Daughter			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<u>Nephritis + Endocarditis</u>	How long	<u>8 to 10 years</u>
Immediate	<u>Cordeac Paralysis</u>	How long	<u>5 minutes</u>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. P. Ryan M.D.	
Address		Lovson Ind.	
Accident or Suicide?			

St Marys Cemetery
Govanstown
May 29/09

H. C. Widdifield

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

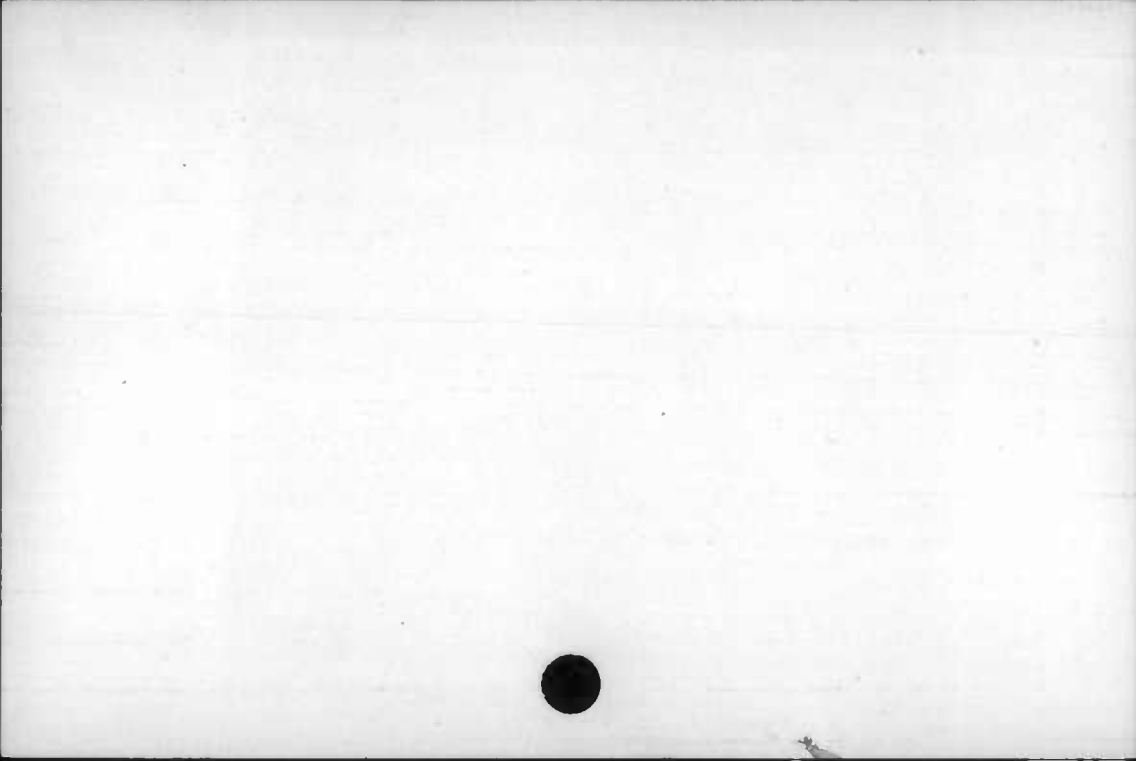
Died at <i>Eltonsville</i>		County <i>Balto</i>		MARYLAND	
Date of death	1909	Month	May	Day	8
Age	34	Years		Months	
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	Housewife	Where Residing if not at place of death <input checked="" type="checkbox"/>			
Married, Single or Widowed	Married	Name of Wife or Husband <i>J. E. Dwyer</i>			
Father's Name	<i>J. N. Page</i>	Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name	<i>Sandra</i>	Mother's Birthplace <i>"</i>			
Name of person giving information	<i>J. E. Dwyer</i>	How related to deceased <i>Husband</i>			

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary	<i>Terminal Dementia</i>	How long	<i>5 yrs</i>
Immediate	<i>Pulmonary Edema</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Percy Wade</i>
	<i>No.</i>	Address	<i>Eltonsville, Md</i>
Accident or Suicide?	<i>No.</i>		



Name in Full Henry Fauth		CERTIFICATE OF DEATH	
Died at Colonsville <small>Town</small>		Balto <small>County</small>	
Date of death 1904 <small>Month</small> May <small>Day</small> 1		Age 71 <small>Years</small> — <small>Months</small> — <small>Days</small>	
Sex Male		Color or Race White	
Occupation Florist		Birth-place Balto. Ind.	
Where Residing if not at place of death Colonsville Ind.			
Married, Single or Widowed Married		Name of Wife or Husband Caroline F. Fauth	
Father's Name Frederick Fauth		Father's Birthplace Germany	
Mother's Maiden Name Unknown		Mother's Birthplace Unknown	
Name of person giving information Mrs. Agnes Walton		How related to deceased Daughter	
CAUSES OF DEATH			
Primary Diabetes mellitus		How long 50	
Immediate Cama		How long 2 years	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician D. W. Stutz Ind.	
		Address Colonsville Ind.	
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Andrew Forgan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Denis</i> ^{Town}		<i>Baltimore County</i> ^{County}		MARYLAND	
Date of death 1909 <i>May</i> ^{Month}		<i>13</i> ^{Day}		<i>40</i> ^{Years}	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Scotland</i>	
Occupation <i>Bakery</i>		Where Residing if not at place of death <i>St Denis</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Becila Forgan</i>			
Father's Name <i>not known</i>		Father's Birthplace <i>Scotland</i>			
Mother's Maiden Name <i>Becila Tolbert</i>		Mother's Birthplace <i>..</i>			
Name of person giving Information <i>David Forgan</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

Primary	<i>Rheumatoid Arthritis</i>	How long	<i>15 yrs</i>
Immediate	<i>Anterior hemorrhoids with hemorrhoids ^{hemorrhoids}</i>	How long	<i>20 yrs</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>Arthur Williams</i>	
Address		<i>222 Ridge Mt</i>	
Accident or Suicide		<i>no</i>	

PHYSICIAN
OR CORONER

~~Galvin Gill~~

Crown & Gill

Melvale
County

Name
in
Full

George Fowble

CERTIFICATE OF DEATH

Died at *Buckleysville*

County

Balto

MARYLAND

Date

of death

1909

Month

8-

Day

31

Age

Years

83

Months

6

Days

20

Sex

*Male*Color or
Race*White*Birth-
place*Not known*

Occupation

*2 laborer*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Margaret Fowble*Father's
Name*Peter Fowble*Father's
Birthplace*Not known*Mother's
Maiden Name*Rubeca Hardister*Mother's
Birthplace*Baltimore Md*Name of person giving
Information*Margaret Fowble*How related
to deceased*Wife*

CAUSES OF DEATH

(64)

Primary

Cerebral Hemorrhage

How long

7 days

Immediate

Heart Failure

How long

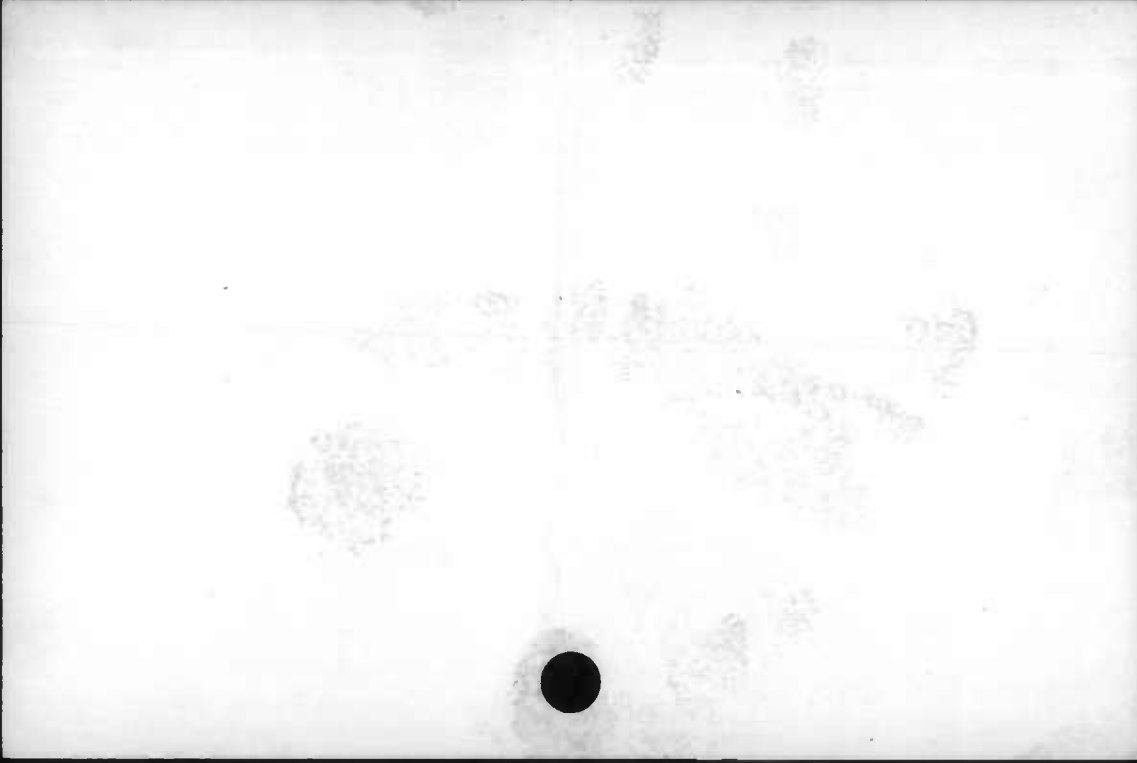
*12 hrs*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Dr D M Rush*

Address

*Hampstead**Md**6*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
In
Full

William Fowler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Bird River* County *Baltimore* MARYLAND

Died at *Bird River*

Date of death 190 *9* Month *May* Day *10* Age *79* Years Months *one* Days *2*

Sex *male* Color or Race *white* Birth-place *Baltimore Co*

Occupation *Farmer* Where Residing if not at place of death *Bird River*

Married, Single or Widowed *Widower* Name of Wife or Husband *Mary C Fowler*

Father's Name *no record* Father's Birthplace *no record*

Mother's Maiden Name *no record* Mother's Birthplace *no record*

Name of person giving Information *Jas T League* How related to deceased *Son in Law*

CAUSES OF DEATH

Primary

manner of death unknown

How long

179

Immediate

found dead

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Jas T Gibson
Chase 15

Accident or Suicide

PHYSICIAN
OR CORONER

H. D. Hughes
Sanctataten

Interment of deceased at
Cheney
Chase H. D.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death		Month	Day	Year	Months Days
1909		May		Age 50	
Sex	Female	Color or Race	White	Birth-place	Bohemia
Occupation	Housewife		Where Residing if not at place of death 2000 E. Eagle St		
Married, Single or Widowed	Married		Name of Wife or Husband Jaroslav Franc		
Father's Name	Joseph Matyska		Father's Birthplace Bohemia		
Mother's Maiden Name	Mary Hudec		Mother's Birthplace Bohemia		
Name of person giving Information			Jaroslav Franc		
			How related to deceased Husband		

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary	Accidental Drowning	How long	
Immediate		How long	Coroner
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. S. Sudler M.D.
		Address	3326 E. Eagle St
Accident or Suicide			12

Frank Crack - & Son.

Burial

~~Dark Hill Cemetery.~~

Remains of —

May 24/09.

Cogler &

Washington St. ●

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant Charles Frank

Town Lutherville County Baltimore MARYLAND

Died at Lutherville

Date of death 1909 May 23 Age — Months — Days —

Sex Female Color or Race White Birth-place Lutherville

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Charles Frank Father's Birthplace Balts. County

Mother's Maiden Name Maggie Brown Mother's Birthplace " "

Name of person giving Information — How related to deceased Sister

CAUSES OF DEATH

Primary Still bornHow long —Immediate Still bornHow long —Are the name, age, sex, color, date and place correctly given above? yesSignature of Physician W. L. SmithAddress RiderAccident or Suicide L

John Burns Sons
Tons on
Interment in
St. Mary's
Gorans

Name in Full		Ida May Froehlich				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Banton		Baltimore		MARYLAND	
	Date of death	1909	May	29	Age 37	Months	Days
	Sex	Female		Color or Race	White		Birth-place
	Occupation	Housewife		Where Residing at place of death	1109 Second St.		
	Married, Single or Widowed	Married		Name of Widower Husband	Charles Froehlich		
	Father's Name	Wm. Cummins				Father's Birthplace	Md.
	Mother's Maiden Name	Unknown				Mother's Birthplace	Unknown
	Name of person giving information	Charles Froehlich				How related to deceased	Husband,
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Cardiac Syncope				How long	
	Immediate					How long	Coroner
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
	Accident or Suicide?						

Zirkler + Zirkler

1739 E. Cager St.

Mt. Carmel Cem,

June 1-09

Name
in
Full

Gertrude V. Garner, Govanston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Edge Wood Ln.</u> <u>Baltimore</u> <u>Maryland</u>		Town		County		State	
Date of death	<u>May</u> <u>24</u> <u>1909</u>	Month	Day	Age	<u>64</u>	Years	Months
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Baltimore</u>		
Occupation	<u>none</u>	Where Residing if not at place of death		<u>1827 W. Lawrence St.</u>			
Married, Single or Widowed	<u>married</u>	Name of Wife or Husband		<u>Walter Stone</u>			
Father's Name	<u>Walter Stone</u>			Father's Birthplace	<u>N.Y.</u>		
Mother's Maiden Name	<u>W. Stone</u>			Mother's Birthplace	<u>not known</u>		
Name of person giving information	<u>W. Stone</u>			How related to deceased	<u>husband</u>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<u>Chronic Interstitial Nephritis</u>	How long	<u>2 yrs.</u>
Immediate	<u>Uræmia</u>	How long	<u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Walter S. Barwell</u>
		Address	<u>2 W 25-</u>
Accident or Suicide?	<u>---</u>		

London Park Cemetery.

Geo. J. Smith
1000 W. Fayth St.

Name in Full		Philip Gebb				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Hamilton		County Baltimore		MARYLAND		
	Date of death	1909	Month May	Day 1	Age 81	Months 2	Days 28	
	Sex	Male		Color or Race	White		Birth-place	Germany
	Occupation	Bardner		Where Residing if not at place of death				
	Married, Single or Widowed	Widower		Name of Wife or Husband Margaret Gebb				
	Father's Name	George Gebb				Father's Birthplace	Germany	
	Mother's Marden Name	Charlotta Koch				Mother's Birthplace	Germany	
Name of person giving In formation	Mrs Amelia Struven				How related to deceased	daughter		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(91)</div>								
PHYSICIAN OR CORONER	Primary	Sypility				How long		
	Immediate	Chronic Bronchitis				How long	2 months	
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	Walter H. Kival	
						Address	Hamilton, Md.	
Accident or Suicide? <input type="checkbox"/> <div style="text-align: right;">14</div>								

George Schilling & Sons

Funeral Directors

N W Cor Airquith & Monument sts

Baltimore Md.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

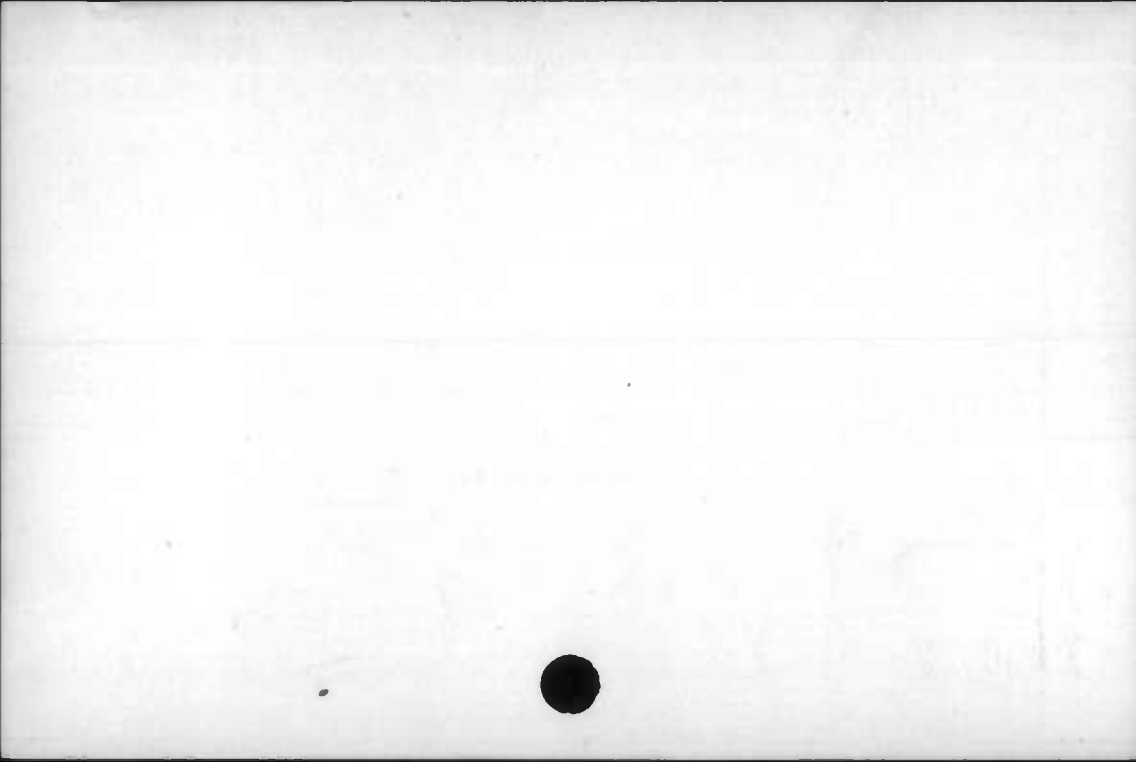
Name Margaret A. Gilbert		Town Kitter Falls		County Hills		State Maryland	
Died at		Month May		Day 14		Years 49	
Date of death 1909		Months ✓		Days ✓			
Sex Female		Color or Race white		Birth-place Md-			
Occupation housewife		Where Residing if not at place of death Same					
Married, Single or Widowed Married		Name of Wife or Husband Mrs. C. Gilbert					
Father's Name John French		Father's Birthplace Ireland					
Mother's Maiden Name not known		Mother's Birthplace Ireland					
Name of person giving information Mrs. C. Gilbert		How related to deceased husband					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Pneumonia	How long 20 years ago -
Immediate tuberculosis of lungs	How long 20 years
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician J. H. Gorman
	Address Falls Md-
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Annapolis* *Shippack Assn* *Balt.*Date of death *1909* *May* *30* Age *30* Months *—* Days *—*Sex *Female* Color or Race *white* Birth-place *Ind.*Occupation *Housewife* Where Residing if not at place of death *629 N Calvert St*Married, Single or Widowed *Married* Name of Wife or Husband *Wm Gill*Father's Name *Casper Lockman for* Father's Birthplace *Baltimore*Mother's Maiden Name *not given* Mother's Birthplace *Ind.*Name of person giving information *Wm Gill* How related to deceased *Husband*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONERPrimary *Dementia praecox + tuberculosis* How long *3 yrs 2 yrs*Immediate *Intestinal Tuberculosis* How long *6-8 wks*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W. V. Duntou, Jr*Address *Lawson, Ind.*Accident or Suicide? *no*

A S Mac Hall

3539 Fall Road

to 629 N Calvert St

Name in Full		Alexander P. Gilmore				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town 808 First St.		County Baltimore		MARYLAND
	Date of death	1909	Month May	Day 21	Age 6	Years 6	Months 6
	Sex	Male		Color or Race	White		Birth-place Md.
	Occupation	None			Where Residing if not at place of death		808 First St.
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Alexander P. Gilmore				Father's Birthplace	Ireland
PHYSICIAN OR CORONER	Mother's Maiden Name	Annie Birney				Mother's Birthplace	Ireland
	Name of person giving information	Alexander P. Gilmore				How related to deceased	Father
	CAUSES OF DEATH						61
PHYSICIAN OR CORONER	Primary	Meningitis				How long	18 days
	Immediate	Exhaustion				How long	- 2 days
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		W. J. McAvoy
					Address		829 S. Canton St.
Accident or Suicide?							

Lilly and Zeiler.
Indult Day.

Burial.

Sacred Heart Cemetery
May 24/09.

Name in Full		(Glenn) John				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town <i>Caltonville</i>		County <i>Balto.</i>		MARYLAND
	Date of death		Month <i>May</i>	Day <i>30</i>	Age <i>34</i>	Years	Months
	Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Ind.</i>		
	Occupation <i>None</i>		Where Residing if not at place of death <i>X</i>				
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>X</i>				
	Father's Name <i>John Glenn</i>				Father's Birthplace <i>Balto, Md</i>		
	Mother's Maiden Name <i>unk.</i>				Mother's Birthplace <i>unk.</i>		
Name of person giving information <i>Martin Fatty & Son</i>				How related to deceased <i>None</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Epileptic Insanity</i>				How long <i>10 yrs.</i>		
	Immediate <i>Lobar Pneumonia</i>				How long <i>4 days.</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>[Signature]</i>		
	Address <i>Caltonville</i>				Accident or Suicide? <i>No.</i>		

93

Martins Foley & Sons.
New Cathedral

Name
in
Full

Child of Aquilla + Eleanor G. Hanson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ruxton</u> ^{Town}		<u>Baltimore</u> ^{County} <u>Co</u>		MARYLAND	
Date of death	<u>1909</u> ^{Month} <u>May</u> ^{Day} <u>12</u>	Age	<u>—</u> ^{Years}	<u>—</u> ^{Months}	<u>6</u> ^{Days}
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Therston Md</u>
Occupation	<u>None</u>	Where Residing if not at place of death <u>at place of death</u>			
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>—</u>			
Father's Name	<u>Aquilla B. Hanson</u>			Father's Birthplace	<u>Balto Md</u>
Mother's Maiden Name	<u>Eleanor G. Williams</u>			Mother's Birthplace	<u>Balto "</u>
Name of person giving information	<u>Miss Williams</u>			How related to deceased	<u>151</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pneumonia</u>	How long	<u>7 mos</u>
Immediate	<u>Heart</u>	How long	<u>4 hr</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>W. W. D. M.</u>
		Address	<u>56 W Bond St</u> <u>Balto</u>
Accident or Suicide?			

Henry H. Jenkins & Sons Co

Greenmount Cem Bldg -

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

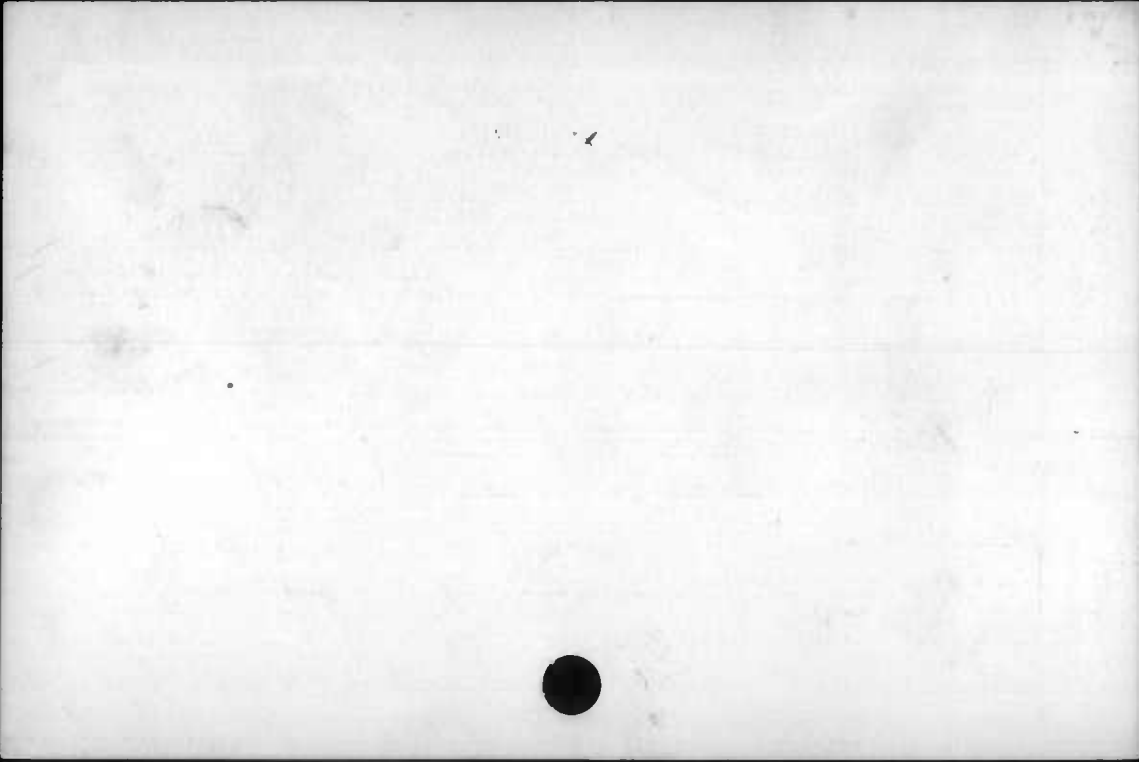
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		May	17	Age	72		
Sex		Color or Race		Birth-place			
M		W		Md			
Occupation				Where Residing if not at place of death			
Physician				Baltimore Co			
Married, Single or Widowed		Name of Wife or Husband					
M		Mrs E N Harper					
Father's Name				Father's Birthplace			
Not known							
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
Hasting Card.							

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	Atherosclerosis	How long	One year
Immediate	Acute pneumonia & extension to brain	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
As far as I know		Address	
		Baltimore	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Pleasant Grove* ^{Town} *Balto* ^{County}Date of death *1909* ^{Month} *May* ^{Day} *31* Age *36* ^{Years} *8* ^{Months} ^{Days} Sex *Female* Color or Race *White* Birth-place *Balto Co.*Occupation *Housewife* Where Residing if not at place of death Married, ~~single~~ *married* Name of Wife or Husband *Andiff Harney*Father's Name *George Ensor.* Father's Birthplace *Unknown*Mother's Maiden Name *Marttia Cole* Mother's Birthplace *Unknown*Name of person giving information *Andiff Harney.* How related to deceased *Husband*

CAUSES OF DEATH

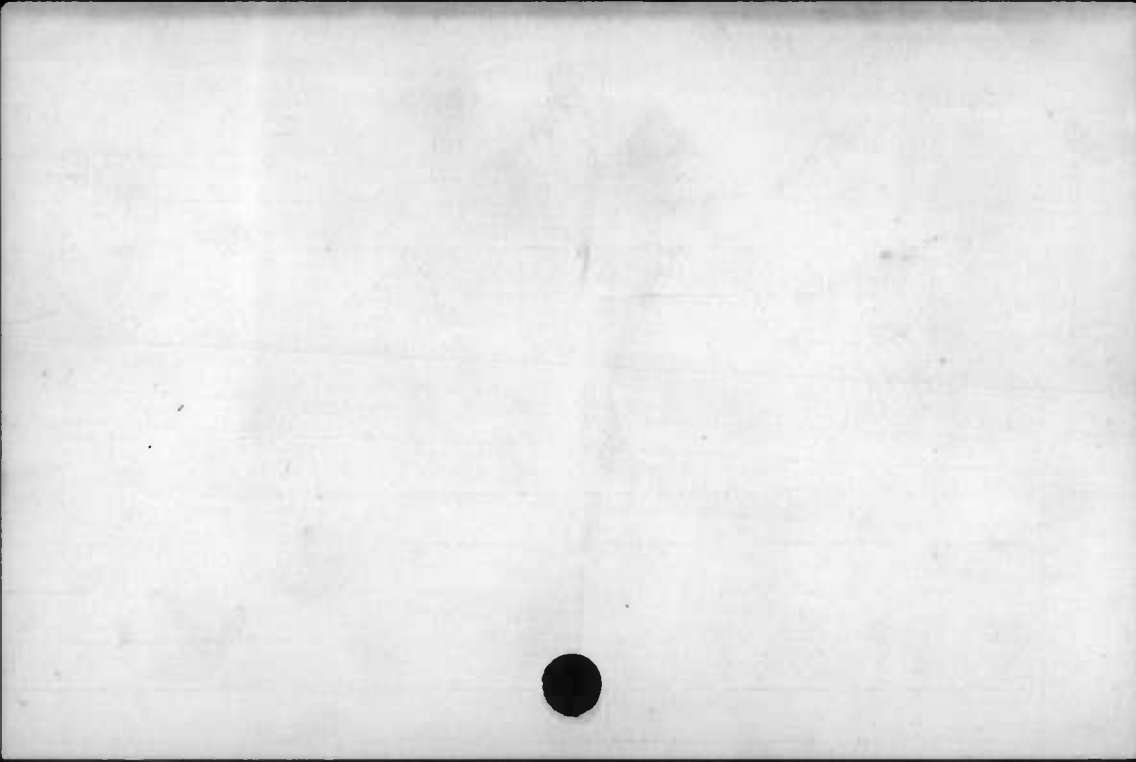
27

PHYSICIAN
OR CORONERPrimary How long Immediate *Tuberculosis.* How long *2 years*Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James F. Starkcamp
 Died at *Clinton* Town *Balto* County
 Date of death 1909 *May* Month *21* Day Age *50* Years Months Days
 Sex *Male* Color or Race *White* Birth-place *Balto Co*
 Occupation *Driver* Where Residing if not at place of death *Former Clinton St*
 Married, Single or Widowed *Single* Name of Wife or Husband *None*
 Father's Name *Charles H. Starkcamp* Father's Birthplace *Germany*
 Mother's Maiden Name *Annie Buckley* Mother's Birthplace *Balto*
 Name of person giving Information *John J. Starkcamp* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Crushed to death by being*
 Immediate *run over by his team*
 Are the name, age, sex, color, date and place correctly given above?
 Signature of Physician *W. S. Sudby M.D.*
 Address *3376 E. Balto St*
 Accident or Suicide *Accident*

166

How long

How long

Widdell Lippel Son
330 S. Bond St.
Sacred Heart Cmn.

May 23rd 1909

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} *Hamilton*County *Balto*Date
of death *1909*Month
*May*Day
*27*Age
Years *62*Months
*4*Days
*16*Sex *Female*Color or
Race *White*Birth-
place *Balto Md*Occupation *None*Where Residing if not
at place of death *Harford & Chappaqua*Married, Single
or Widowed *Married*Name of Wife or
Husband *Robert R. Hayward*Father's
Name *Christian F. Fitchner*Father's
Birthplace *Germany*Mother's
Maiden Name *Unknown*Mother's
Birthplace *Germany*Name of person giving
Information *Robt R. Hayward*How related
to deceased *Husband*

CAUSES OF DEATH

120Primary *Chronic Nephritis*How long *1 year*

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician *J. H. Encham*Address *1303 Light St*Accident or Suicide? *no**14*

Anthony Wayne
715 Fifth St
at Baltimore County

Haltom 108

Dr Webster
Belgrave
Belair Rd

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Isabella Hingerling

Town *Highlandtown* County *Balto* MARYLAND

Died at *Highlandtown*

Date of death *1909* Month *5* Day *12* Age *48* Months *5* Days *8*

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *House-wife* Where Residing if not at place of death *Highlandtown Md*

Married, Single or Widowed *Married* Name of Wife or Husband *George Hingerling*

Father's Name *Louis Messersmith* Father's Birthplace *Germany*

Mother's Maiden Name *Amelia Myer* Mother's Birthplace *Germany*

Name of person giving Information *Josephine Schultz* How related to deceased *Sister*

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary *Lobar Pneumonia* How long *12 days*

Immediate *Cynosis & Exhaustion* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Geo. L. Prunty M.D.*

Address *3rd South*

Accident or Suicide *No* *Highlandtown Md*

Mount Carmel Cemetery

John Herwig & Son

May 14th. 1909

Name
In
Full

CERTIFICATE OF DEATH

Frank F. Helwig

Town

County

MARYLAND

Died at

Randallstown

Baltimore

Date

Month

Day

Years

Months

Days

of death

1909 May

22

Age

70

Sex

male

Color or
Race

white

Birth-
place

Germany

Occupation

Farmer

Where Residing if not
at place of death

Same

Married, ~~single~~
or ~~widowed~~

married

Name of Wife or
Husband

Louise Helwig

Father's
Name

Don't know

Father's
Birthplace

Don't know

Mother's
Maiden Name

Don't know

Mother's
Birthplace

Don't know

Name of person giving
information

Philip Helwig

How related
to deceased

Son

CAUSES OF DEATH

79

Primary

Chronic Bronchitis

How long

5 years

Immediate

Mitral regurgitation

How long

1 year

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

A. C. Smith

Washington Sta

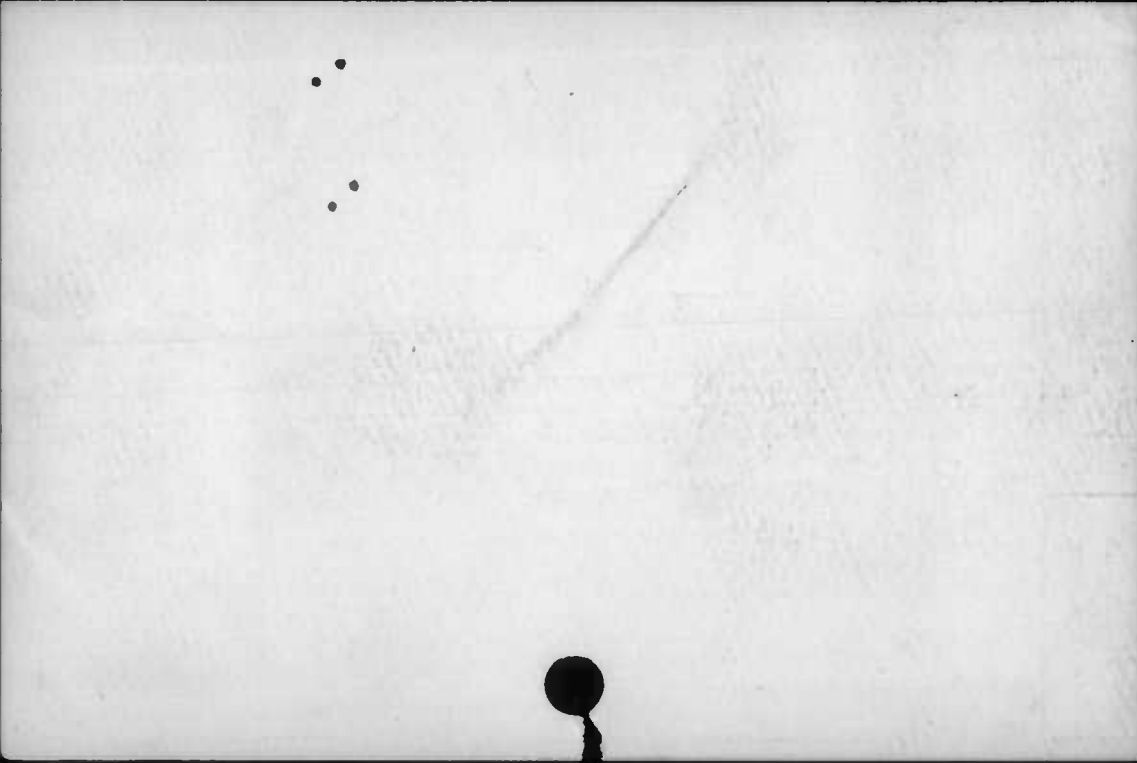
Med. V

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Viola Herrick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Orangerville* Town *Balto* County
Date of death *1909* *May* Month *24* Day Age *28* Years *28* Months *28* Days
Sex *Female* Color or Race *White* Birth-place *Balto County*
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name *George A. Herrick* Father's Birthplace *Conn*
Mother's Maiden Name *Lora Diamond* Mother's Birthplace *Maryland*
Name of person giving information *Geo. A. Herrick* How related to deceased *father*

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary *Convulsion* How long *7 hours*
Immediate _____ How long _____
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. S. Warner*
Address *320 Highland Ave*
Accident or Suicide? _____

Mt Carmel Cemetery
May 25/09

Christian Miller
2334 Jefferson St

Name
in
Full

Smith Hewitt

CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Highlandtown		Balto					
Date of death	1909	Month	5	Day	21	Age	4
Sex	Male	Color or Race	White	Birth-place	Balto Co		
Occupation	none	Where Residing if not at place of death	28 S. Highland				
Married, Single or Widowed		Name of Wife or Husband					
Father's Name	Linwood Hewitt				Father's Birthplace	Md.	
Mother's Maiden Name	Clara Levy				Mother's Birthplace	" "	
Name of person giving information	Linwood Hewitt				How related to deceased	Father	

CAUSES OF DEATH

92

Primary	Branchio-Pneumonia	How long	36 hours
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. C. Lumphkin
		Address	653 Columbia Ave.
Accident or Suicide			

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Louden Park

5/22/09

John Herwig & son

Name
in
Full

James Holden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Westchester Hur ^{County} Balto **MARYLAND**

Date of death 1909 ^{Month} May ^{Day} 25. Age ^{Years} 83 ^{Months} no ^{Days} no

Sex Male ^{Color or Race} White ^{Birth-place} England

Occupation Retiree ^{Where Residing if not at place of death} Westchester Hur

Married, Single or Widowed Married ^{Name of Wife or Husband} Caroline Holden

Father's Name John Holden ^{Father's Birthplace} England

Mother's Maiden Name Ann Miller ^{Mother's Birthplace} England

Name of person giving Information Charles Holden ^{How related to deceased} Son

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary Cause Old Age ^{How long} 2 weeks

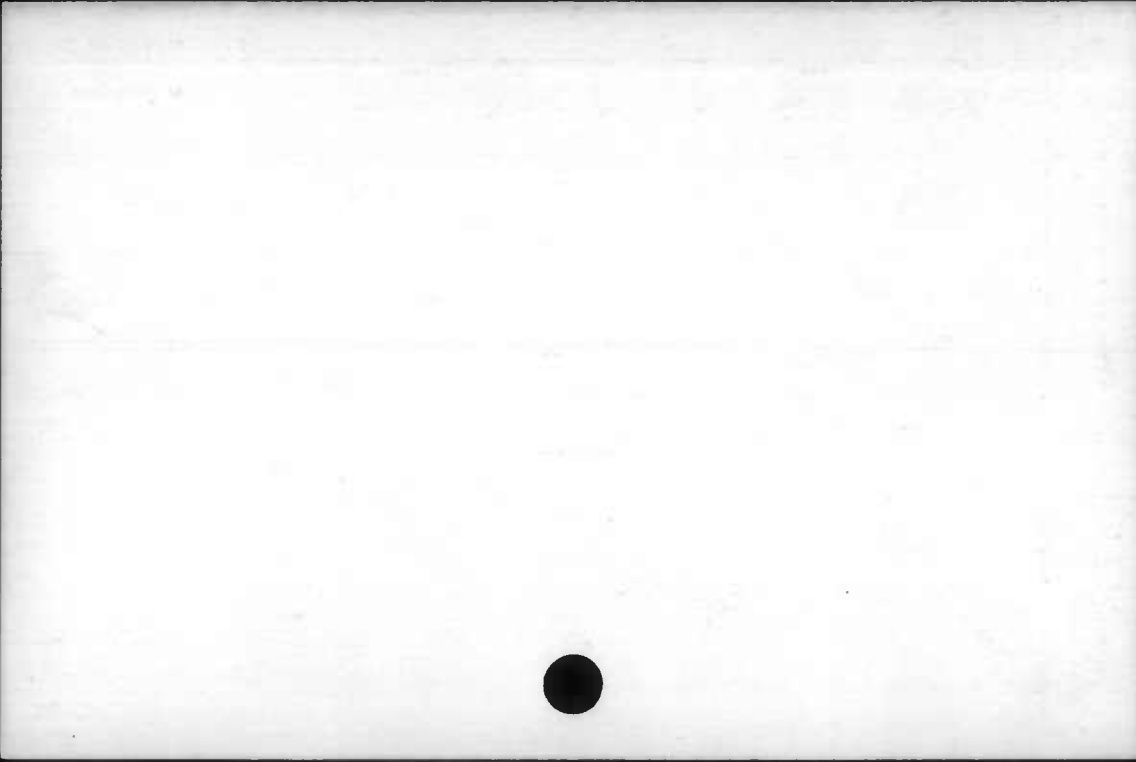
Immediate Cause Exhaustion ^{How long} 2 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician W. C. Stone

Address Ellicott City

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

Las H. Holland

Town

County

Died at

Greenwood

Baltimore

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1909

May

27

Age

one

8

24

Sex

male

Color or
Race

white

Birth-
place

md

Occupation

✓

Where Residing if not
at place of death

Same

Married, Single
or Widowed

✓

Name of Wife or
Husband

✓

Father's
Name

Las. C. Holland

Father's
Birthplace

Harford Co

Mother's
Maiden Name

Edna Harrigan

Mother's
Birthplace

Baltimore

Name of person giving
information

Las C. Holland

How related
to deceased

Father

CAUSES OF DEATH

9

Primary

Membranous Croup

How long

3 days

Immediate

"

"

"

"

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

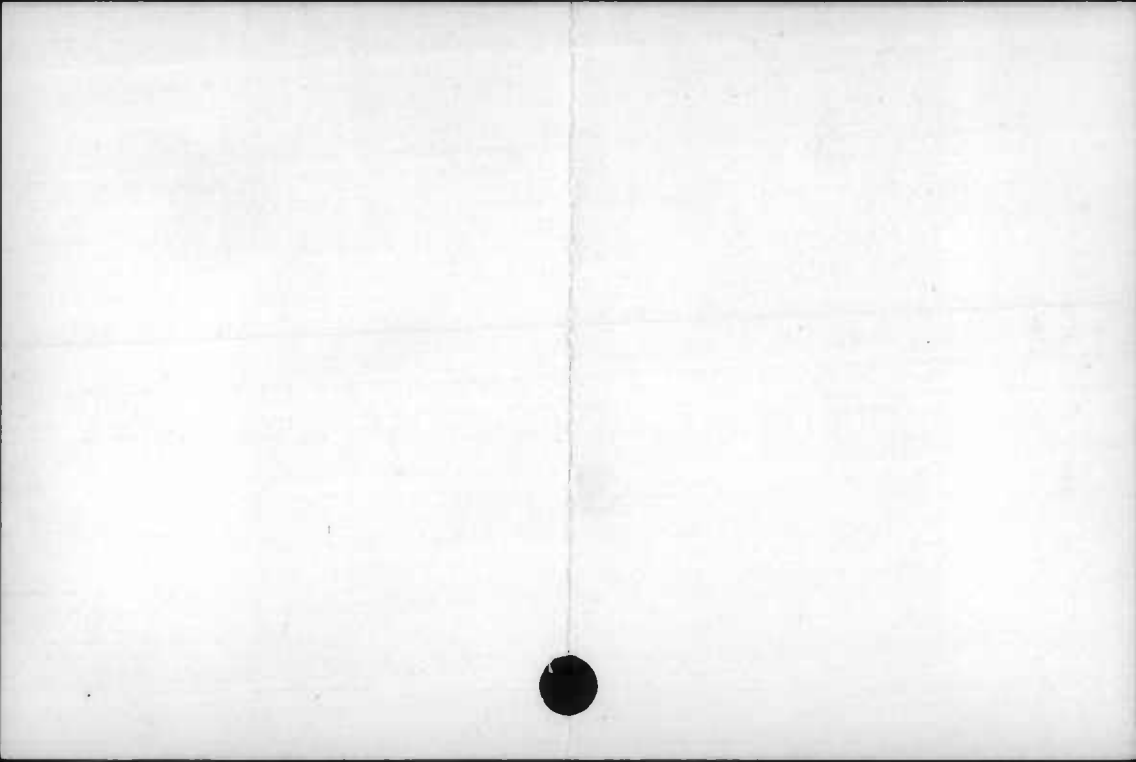
Address

*John S. Green
Stittings
Md.*

Accident ~~Causes~~

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Child not named ^{Holland}

CERTIFICATE OF DEATH

Died at		Town Catonsville		County Bolto		MARYLAND	
Date of death		1909	Month May	Day 6	Age —	Years —	Months —
Sex Male		Color or Race Colored		Birth-place Catonsville Md			
Occupation —				Where Residing if not at place of death Catonsville Md			
Married, Single or Widowed —				Name of Wife or Husband —			
Father's Name Osborne Holland				Father's Birthplace Howard Co Md			
Mother's Maiden Name Flarence Steiner				Mother's Birthplace Bolto. " "			
Name of person giving information Flarence Holland				How related to deceased Mother			

CAUSES OF DEATH

151

Primary	General Asthma		How long	4 days
Immediate	Convulsions		How long	—
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician D. W. Stultz M.D.	
			Address Catonsville Md.	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Camden* Town *Balto* County
 Date of death 190 *9* Month *5* Day *5* Age *—* Years *5* Months *one* Days
 Sex *male* Color or Race *white* Birth-place *Ind*
 Occupation *—* Where Residing if not at place of death *—*

Married, Single
or WidowedName of Wife or
HusbandFather's
Name*Isaac Hontkufsky*Father's
Birthplace*Russia*Mother's
Maiden Name*Rosie Sedman*Mother's
Birthplace*..*Name of person giving
Information*Isaac Hontkufsky*How related
to deceased*Father*

CAUSES OF DEATH

179

Primary

Cyanosis

How long

one day

Immediate

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*A. S. Warner M.D.**320 Highland av.*

Accident or Suicide

*no*PHYSICIAN
OR CORONER

May Levinson—
620 Mc Elderry
St.

Hebrew Cem.

Herring Run.

May 6th / 09.

Name
in
Full

Andrew C. Hopkins +

CERTIFICATE OF DEATH

Died at Pikesville ^{Town} Baltimore ^{County} MARYLAND

Date of death 190 9 ^{Month} 5 ^{Day} 12 Age 78 ^{Years} — ^{Months} — ^{Days}

Sex Male Color or Race White Birth-place Virginia

Occupation Brick Layer Where Residing if not at place of death Pikesville

Married, Single or Widowed Married Name of Wife or Husband Mary Hopkins

Father's Name Do not know Father's Birthplace Do not know

Mother's Maiden Name Do not know Mother's Birthplace Do not know

Name of person giving Information Grace Hopkins How related to deceased Daughter

CAUSES OF DEATH

Primary Arterial Degeneration Secondary

Immediate Hypertension Arterio Sclerosis

Are the name, age, sex, color, date and place correctly given above? Yes

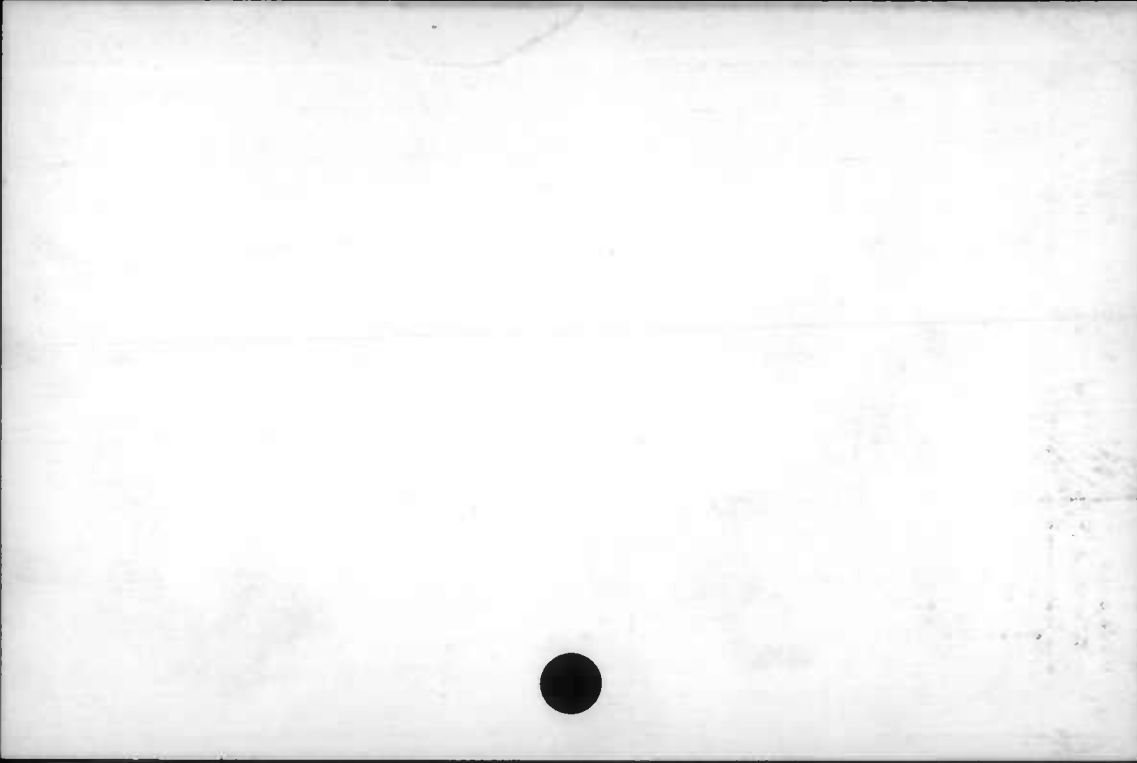
Signature of Physician W. F. Wynn

Address Pikesville Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at *So. Baltg -* *A. A.* County
 Date of death *1909* *May* *8* *4* *4*
 Sex *Male* Color or Race *White* Birth-place *So. Baltg.*
 Occupation *-* Where Residing if not at place of death *-*

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
informationHow related
to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

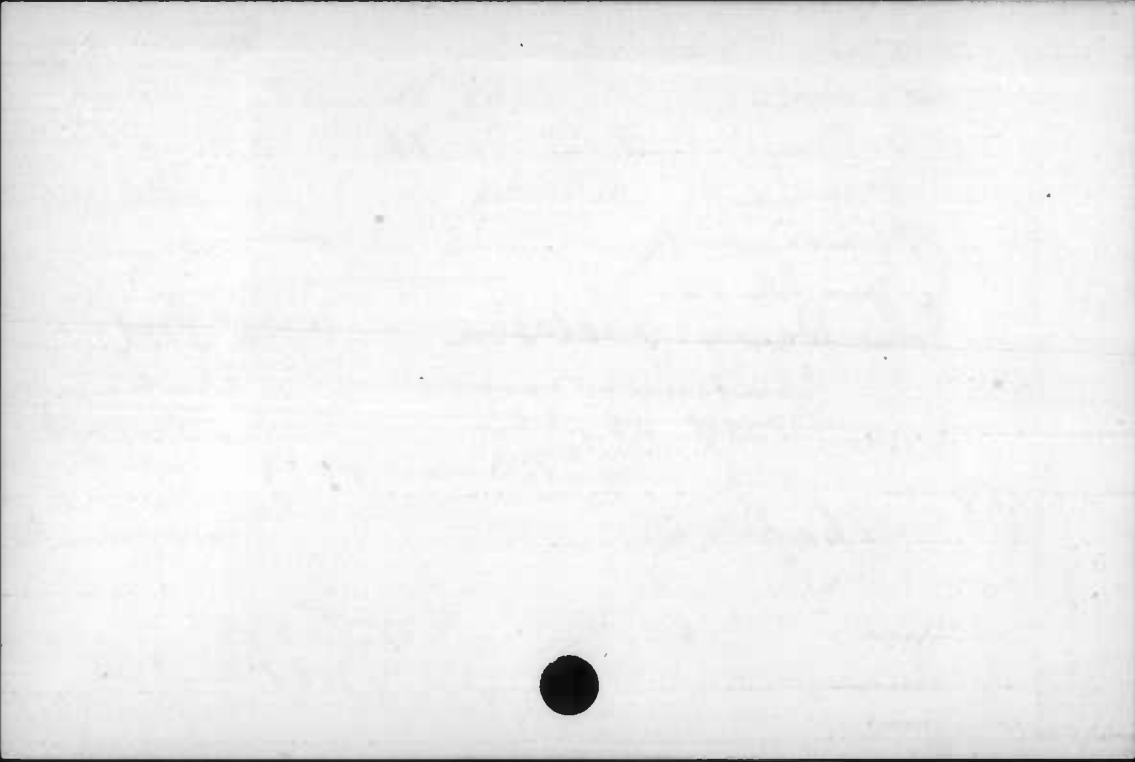
Address

Accident

166

How long

How long



Name
in Full

Walter Scott Huber

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Canton ^{Town} Balto. ^{County} MARYLAND

Date of death 190 9 ^{Month} May ^{Day} 20 Age — ^{Years} 5 ^{Months} 22 ^{Days}

Sex Male Color or Race White Birth-place Balto. Co.

Occupation None ^{Where Residing if not at place of death} 3405 Elliott St.

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Benjamin Huber Father's Birthplace Balto. Co.

Mother's Maiden Name Maggie Morkings Mother's Birthplace Balto. Co.

Name of person giving Information Benjamin Huber How related to deceased Father.

CAUSES OF DEATH

Primary Inanition + lack of care.

Immediate Exhaustion

179

How long

How long

10 mo
3 days

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Herbert Schenpich
1017 S. Canton St.

Accident or Suicide —

PHYSICIAN
OR CORONER

Sily 30th Zeller

403 S. Wolfe St.

Trinity cemetery

May 22/09.

Name
in Full

Blissie Humphrey

CERTIFICATE OF DEATH

Died at *Spinnis Point* Town *Blattman* County
 Date of death *1909 May 20* Age *2* Months *4* Days
 Sex *Female* Color or Race *White* Birth-place *Spinnis Point*
 Occupation *None* Where Residing if not at place of death

Married, Single or Widowed ☒ Married Name of Wife or Husband
 Father's Name *William H. Humphrey* Father's Birthplace *Va.*
 Mother's Maiden Name *Alice Mitchell* Mother's Birthplace *Pa*
 Name of person giving Information *Wm H. Humphrey* How related to deceased *Father*

CAUSES OF DEATH

Primary *Scrub-typhus* How long *10 days*
 Immediate *Exhaustion* How long *48 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

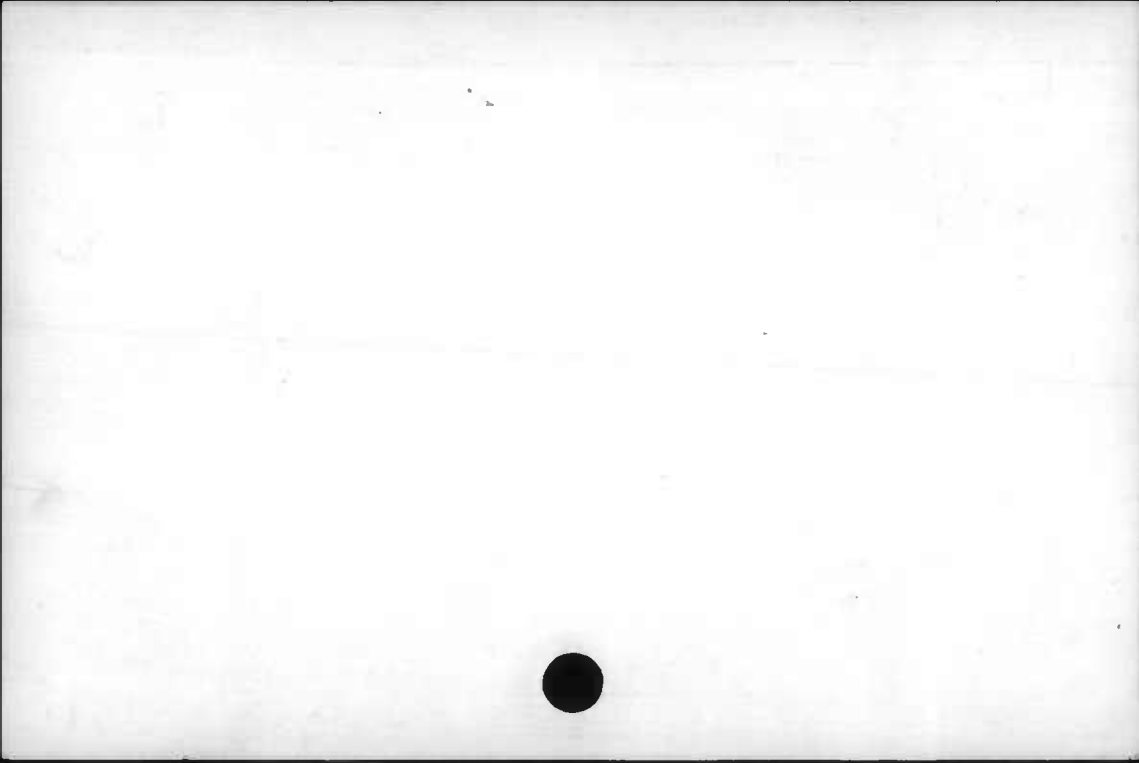
Address

J. C. Eldred M.D.
Spinnis Point, Va.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Maggie Estelle Johnson.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

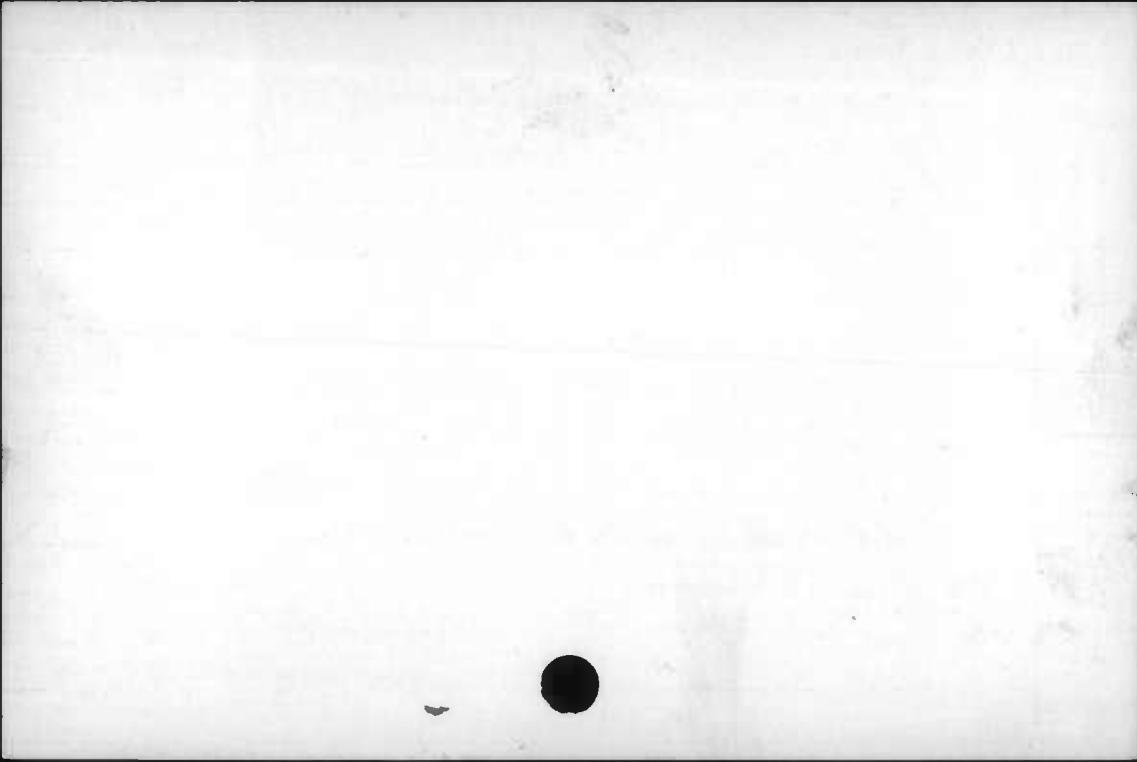
Died at		Town Catonsville		County Baltimore		MARYLAND	
Date of death	1909	Month May	Day 21	Age 17	Years	Months	Days
Sex	female		Color or Race	Colored		Birth- place	Balto Co
Occupation	House work			Where Residing if not at place of death		Catonsville Md	
Married, Single or Widowed	Single		Name of Wife or Husband		_____		
Father's Name	Johnson.				Father's Birthplace	Unknown	
Mother's Maiden Name	Lilly Johnson.				Mother's Birthplace	Balto Co	
Name of person giving In formation	Andrew Fisher.				How related to deceased	Uncle	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis.		How long	1 yr
Immediate	asthenia		How long	3 mos
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address	
			Catonsville, Md.	
Accident or Suicide?				



Name
in
Full

Abraham Ward Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Towson ^{County} Baltimore ^{MARYLAND}Date of death 1909 ^{Month} May ^{Day} 21 ^{Years} Age 38 ^{Months} — ^{Days} —Sex Male ^{Color or Race} White ^{Birth-place} UnknownOccupation Locomotive Engineer ^{Where Residing if not at place of death} BaltimoreMarried, Single or Widowed Married ^{Name of Wife or Husband} UnknownFather's Name Unknown ^{Father's Birthplace} UnknownMother's Maiden Name Unknown ^{Mother's Birthplace} UnknownName of person giving Information Hospital Records ^{How related to deceased} —

CAUSES OF DEATH

27

Primary Pulmonary Tuberculosis ^{How long} ?Immediate Asthenia ^{How long} 1 weekAre the name, age, sex, color, date and place correctly given above? Yes ^{Signature of Physician} Aleyne H. Fortin M.D.

Address

Hedowood Towson, Md.

Accident or Suicide neither

PHYSICIAN
OR CORONER

Milton H. Jones

removed to 839 N. Washington St. City

Name
in
Full

Hattie Jones

CERTIFICATE OF DEATH

Town

County

Died at Sparrows Point

Baltimore

MARYLAND

Date

of death 1909

Month

May

Day

4

Years

Age 54

Months

XXXXXXXXXX

Days

XXXXXX

Sex

Female

Color or
Race

Colored

Birth-
place

Virginia

Occupation

House-wife

Where Residing if not
at place of death

XXXXXXXXXXXXXXXXXXXX

Married, Single
or Widowed

Married

Name of Wife or
Husband

William Wesley Jones

Father's
Name

Beverly Reynolds

Father's
Birthplace

Virginia

Mother's
Maiden Name

Not known

Mother's
Birthplace

Not known

Name of person giving
Information

William Wesley Jones

How related
to deceased

Husband

CAUSES OF DEATH

47

Primary

Articular ^{acute} Rheumatism

How long

3 weeks

Immediate

Pericarditis

How long

2 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Jas. L. Emmons M.D.

Address

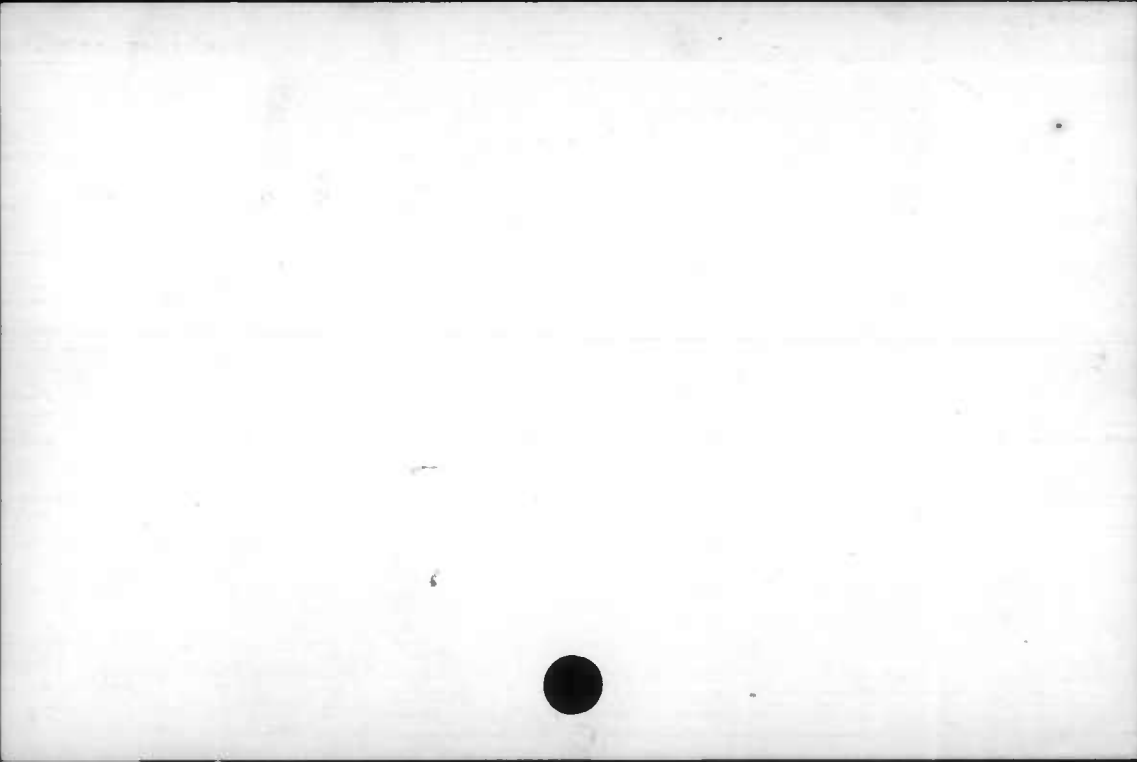
3rd South

Highlandtown Md 15

Accident or Suicide

no

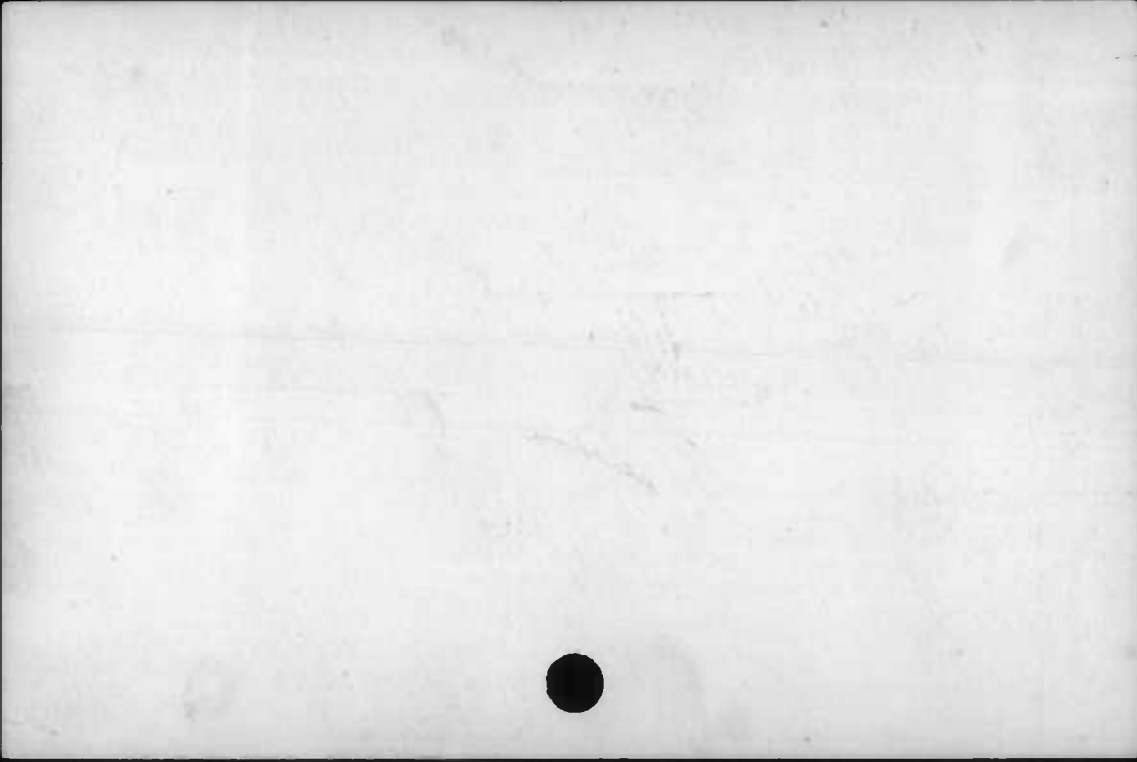
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full George LeRoy Kelly		TOWN Hamilton		COUNTY Balto.		STATE MARYLAND	
Died at Hamilton		Date of death 1909 May 8		Age 10		Months —	
Sex M.		Color or Race W.		Birth-place Balto.		Days —	
Occupation —		Where Residing if not at place of death Hamilton					
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Joseph L. Kelly		Father's Birthplace Balto.					
Mother's Maiden Name Mollie Ledden		Mother's Birthplace Balto.					
Name of person giving information Chas. King		How related to deceased Uncle					
		CAUSES OF DEATH		32			
Primary Tuberculosis of hip joint		How long 1 wk.					
Immediate Tubercular Meningitis		How long 24 hrs					
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Glenn A. Long M.D.					
		Address Hamilton					
Accident or Suicide? No		And 14					

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Robert R. Kirkland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} "Vauxhall near Pikesville" ^{County} Baltimore MARYLAND
 Date of death 1909 ^{Month} May ^{Day} 19th ^{Age} 88 ^{Years} ^{Months} Five ^{Days} nine
 Sex Male Color or Race White Birth-place Baltimore City
 Occupation None Where Residing if not at place of death
 Married, Single or Widowed Widower Name of Wife or Husband Martha Keyo Kirkland
 Father's Name Alexander Kirkland Father's Birthplace Ireland
 Mother's Maiden Name Agnes Quail Mother's Birthplace Ireland
 Name of person giving Information Agnes K. Barton How related to deceased Daughter

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary Senility
 Immediate Exhaustion

Are the name, age, sex, color, data and place correctly given above?

Signature of Physician

Address

St Louis Taylor
 Pikesville Md.

Accident or Suicide

Interment in
Greenmount cemetery
May 21 1909

Stewart & Mowen Co
210 Park ave
Baltimore Md.

Name
in
Full

Still born Infant Knight

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Sparrows Point* Town *Baltimore* County **MARYLAND**

Date of death *1909* Month *May* Day *3^d* Age *—* Months *—* Days *—*

Sex *male* Color or Race *Black* Birth-place *Sparrows Point*

Occupation *—* Where Raaiding if not et place of death *Sparrows Point*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *John Knight* Fether's Birthplace *Va*

Mother's Maiden Name *Lillie Peace* Mother's Birthplace *Va*

Name of parson giving Information *Lillie Knight* How raleted to deceased *mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Accident or Suicida

Still born infant.

How long

How long

*J. B. McCormick M.D.**Sparrows Point*



Name
in
Full

Richard Korb

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Overlea</u> <small>Town</small>		<u>Balto</u> <small>County</small>		MARYLAND	
Date of death	<u>1909</u> <small>Month</small>	<u>16</u> <small>Day</small>	Age <u>50</u> <small>Years</small>	<u>5</u> <small>Months</small>	<u>29</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation <u>Machinist</u>			Where Residing if not at place of death		
Married, <u>Yes</u> or Widowed		Name of Wife <u>Mary S Korb</u> husband			
Father's Name <u>Andrew Korb</u>			Father's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>Unknown</u>			Mother's Birthplace		
Name of person giving information <u>Mary S Korb</u>			How related to deceased <u>wife</u>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<u>Heart Disease</u>	<u>Scholar's Insufficiency</u>	How long <u>2 years</u>
Immediate	<u>Cerebral failure</u>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Joseph R. Webster</u>	
		Address <u>Rockbury Md</u>	
Accident or Suicide?			

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name In Full Annio C Lambright		Town 905 Arlington W		County Balto Co.		MARYLAND	
Died at 905 Arlington W		Month 5th		Day 21		Years 44	
Date of death 1909		Month 5th		Day 21		Years 44	
Sex Female		Color or Race White		Birth- place Balto Md.		Months 20	
Occupation Wife		Where Residing If not at place of death 905 Arlington W.					
Married, Single or Widowed Married		Name of Wife or Husband H. Annio C Lambright					
Father's Name Henry Fink		Father's Birthplace Germany					
Mother's Maiden Name Unknown		Mother's Birthplace ✓					
Name of person giving Information Wm H. Lambright		How related to deceased Husband.					

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary La Grippe + Acute Pharyngitis	How long Five (5) Months
Immediate Acute Endocarditis	How long Two days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician John I. McCarthy
	Address 656 W Franklin St Balto Md.
Accident or Suicide ✓	

Forrest Park

May - 24/09

Wm Carr

Name
in
Full

Maud Caroline Lawrence

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Arlington ^{County} Baltimore **MARYLAND**

Date of death 1909 ^{Month} May ^{Day} 12 ^{Age} — ^{Months} — ^{Days} 12 hours

Sex Female ^{Color or Race} White ^{Birth-place} Baltimore

Occupation — ^{Where Residing if not at place of death} —

Married, Single

Name of Wife or Husband

Father's Name

Henry D Lawrence

Father's Birthplace

Michigan

Mother's Maiden Name

Emma E Andrews

Mother's Birthplace

Md

Name of person giving Information

Henry D Lawrence

How related to deceased

Father

CAUSES OF DEATH

151

How long

PHYSICIAN
OR CORONER

Primary

Premature Delivery.

Immediate

Heart Affection

How long

12 hrs.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr D Wells

2016 Houghton Ave

Accident or Suicide

London Park
Jos B. Cook

Name
in
Full

Ellen Louise Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Wilhelm Park ^{County} Balto

Date of death 1909 ^{Month} May ^{Day} 7th ^{Years} Age 65 yrs

Sex Female ^{Color or Race} white ^{Birth-place} Baltimore

Occupation Fruit Dealer ^{Where Residing if not at place of death} Wilhelm Park

^{Married, Single or Widowed} widow ^{Name of Wife or Husband} George H. Lewis

^{Father's Name} Thomas Garner ^{Father's Birthplace} Germany

^{Mother's Maiden Name} unknown ^{Mother's Birthplace} Germany

^{Name of person giving information} Harriett Lewis ^{How related to deceased} Daughter.

CAUSES OF DEATH

121

PHYSICIAN
OR CORONER

^{Primary} Renal Abscess

^{Immediate} Pyemia

Are the name, age, sex, color, date and place correctly given above? Yes

^{Signature of Physician} W W Jones M D

^{Address} Irvington

Accident or Suicide? No

^{How long} Indefinite.

^{How long} 4 days.

Linden Park.

May 10/909

Wm Cook

50 & 6. Hawthorn.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *John A. McClinlock*
Priskville ^{Town} *Baltimore* ^{County}Date of death 1909 ^{Month} *May* ^{Day} *5* ^{Years} *3* ^{Months} *9* ^{Days} *—*Sex *M.* Color or Race *White* Birth-place *Balto.*Occupation *—* Where Residing if not at place of death *Priskville*~~Married, Single~~
~~or Widowed~~ Name of Wife or Husband *—*Father's Name *John W. McClinlock* Father's Birthplace *Balto.*Mother's Maiden Name *Mary Birkham* Mother's Birthplace *Balto.*Name of person giving Information *Mary McClinlock* How related to deceased *Mother*

CAUSES OF DEATH

116

Primary *Peritonitis* How long *10 days*Immediate *Respiratory failure* How long *1 day.*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

G. G. Runk

Address

*2000 E. Baltimore St.,**Baltimore, Md. 14*Accident or Suicide *No.*PHYSICIAN
OR CORONER

Dipfel & Son

Bonnie Brae

Name
in
Full

Mrs. Mary McDougall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

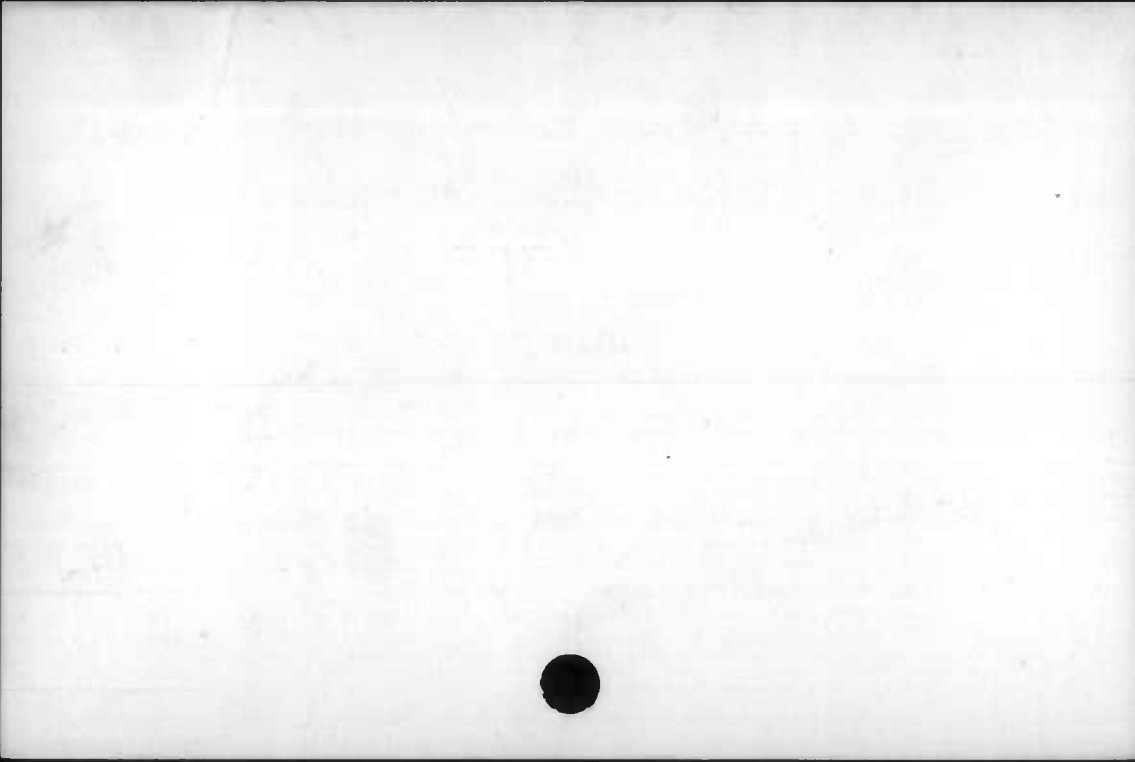
Died at <i>St. Agnes Hospital</i>		County <i>Baltimore</i>	
Date of death <i>1909</i>	Month <i>May</i>	Day <i>20</i>	Age <i>55</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Baltimore</i>	
Occupation <i>Domestic</i>	Where Residing if not at place of death <i>1191 - N. Fullin Ave</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Unknown</i>		
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>"</i>		
Name of person giving information <i>Hospt. Records</i>	How related to deceased		

CAUSES OF DEATH

114

PHYSICIAN
OR CORONER

Primary <i>Cerebral Siner - Choleptics</i>	How long <i>4 yrs.</i>
Immediate <i>Shock following operation</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frederick Crank</i>
	Address <i>St. Agnes Hospital</i>
Accident or Suicide?	



Name
in
Full

Mary E. Mc Geehan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hamilton</i>		Town <i>Hamilton</i>		County <i>Balto.</i>		MARYLAND	
Date of death 190 <i>9</i>		Month <i>May</i>		Day <i>7</i>		Age <i>54</i>	
Sex <i>F.</i>		Color or Race <i>W.</i>		Birth- place <i>Balto. Md.</i>		Months Days	
Occupation <i>House W.</i>				Where Residing if not at place of death <i>Hamilton Balto. Co.</i>			
Married, Single <input checked="" type="checkbox"/> Widowed				Name of Wife or Husband <i>Deceased</i>			
Father's Name <i>Richard Ledden</i>				Father's Birthplace <i>Ireland</i>			
Mother's Meiden Nama <i>Ellen Johnson</i>				Mother's Birthplace <i>Ireland</i>			
Name of person giving Information <i>John King</i>				How related to deceased <i>Son in law</i>			

CAUSES OF DEATH

(66)

PHYSICIAN
OR CORONER

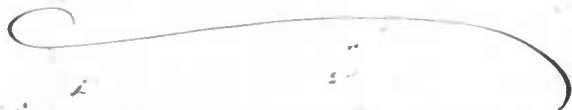
Primary <i>X</i>	How long <i>X</i>
Immediate <i>General Paralysis</i>	How long <i>about 3 weeks.</i>
Are the name, age, sex, color, data and place correctly given above?	Signature of Physician <i>E. Dickey, M.D.</i>
<i>So far as I know</i>	Address <i>14 N. Monroe St. Baltimore, Md.</i>
Accident or Suicide <i>No.</i>	

Mudell Lippel & Son

37 S. Ann st.

New Cathedral Cew.

May 10th 1909



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Malone

Town *Harrows Point* County *Balto.* MARYLAND

Died at *Harrows Point*

Date of death 1909 *May* 24 Age *55* Months Days

Sex *Male* Color or Race *White* Birth-place *Ireland*

Occupation *Laborer* Where Residing if not at place of death *—*

Married, Single or Widowed *Unknown* Name of Wife or Husband *Unknown*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *J. P. Blair* How related to deceased *None*

CAUSES OF DEATH

56

PHYSICIAN
OR CORONER

Primary *Intemperance & Exposure* How long

Immediate *Exposure* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

J. P. Blair J. P.

Harrows Point



Name
in Full

Emil C. Mantz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Calonsville Town Baltimore County MARYLAND

Date of death 190 9 Month May Day 13 Age 37 Years Months — Days —

Sex Male Color or Race White Birth-place Baltimore

Occupation Freelance Merchant Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Marie Dougherty

Father's Name William Mantz Father's Birthplace Germany

Mother's Maiden Name Mary Anne Lee Mother's Birthplace Penn.

Name of person giving Information Marie Mantz How related to deceased Wife

CAUSES OF DEATH

48

Primary Rheumatism How long 8 weeks

Immediate Heart Failure How long Immediate

Are the name, age, sex, color, data and place correctly given above?

Yes—

Signature of Physician

Frederick L. Pakendorf
Address Coroner

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

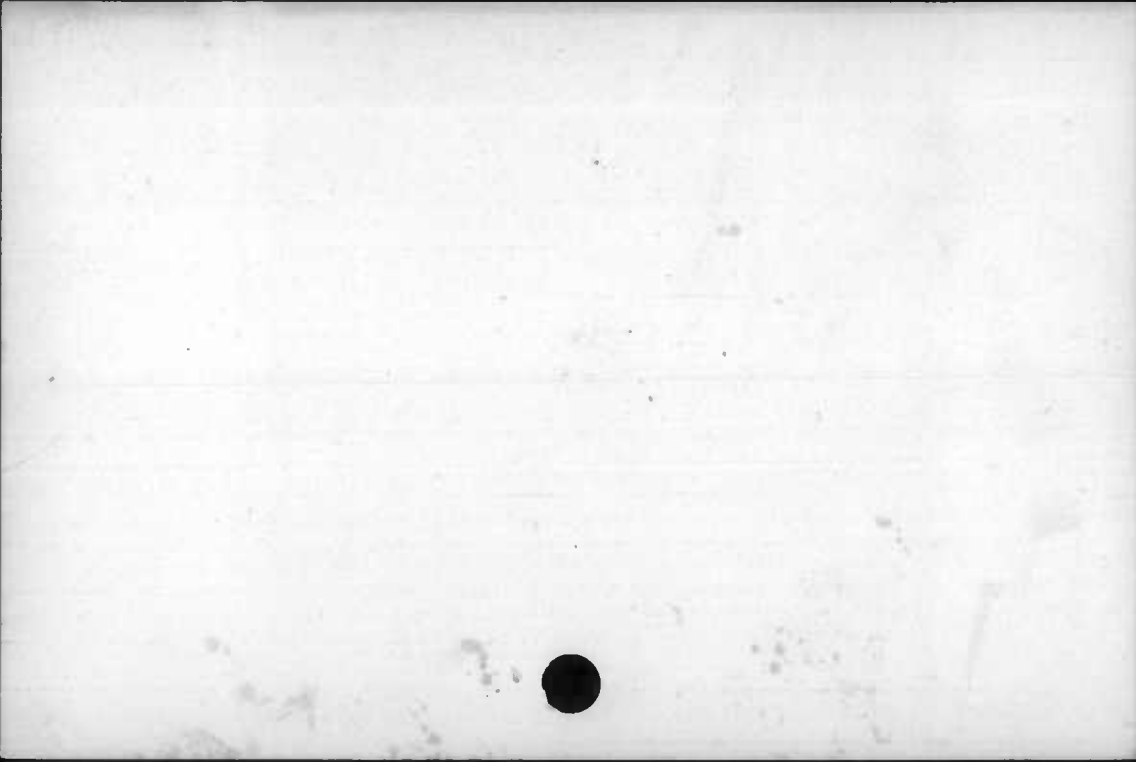
Name <i>Luther A Martin</i>		Town <i>Hampstead</i>		County <i>Balto</i>		MARYLAND	
Died at <i>Hampstead</i>		Date of death <i>1909 May 23</i>		Age <i>82</i>		Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Hampstead</i>			
Occupation <i>Hammer</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Mary Martin</i>					
Father's Name <i>Mordecai Martin</i>		Father's Birthplace <i>Not Known</i>					
Mother's Maiden Name <i>Mary E. Annacost.</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Richard Martin</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

77

PHYSICIAN
OR CORONER

Primary <i>Pericarditis</i>	How long <i>1 yr.</i>
Immediate <i>Heart of blood</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. B. Nees</i>
	Address <i>Hampstead Md</i>
Accident or Suicide?	



Name
in
Full

Geo. Lloyd Mattson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
North Point Road		Baltimore					
Date of death	1909	Month	24	Day	24	Age	21
Sex	Male	Color or Race	White	Birth-place	Baltimore		
Occupation	none	Where Residing if not at place of death		North Point Road			
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	John M. Mattson	Father's Birthplace		Baltimore			
Mother's Maiden Name	June Work	Mother's Birthplace		" "			
Name of person giving Information	Bathenne Lloyd	How related to deceased		Friend			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Macasium	How long	24 days
Immediate	Premature Birth	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	A. C. Hearn MD
		Address	156 Milton Ave
Accident or Suicide			14

Balto Cemetery
Hernig Jan

5/23/09

Name
in
Full

CERTIFICATE OF DEATH

Laura M. Mausel

Town

County

MARYLAND

Died at

Mt Hope Retreat Balto

Date

of death 1909

Month

May

Day

5

Years

Age 42

Months

not known

Days

not known

Sex

Female

Color or
Race

White

Birth-
place

Annopolis

Occupation

Wife of Tobaccobuyer

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

not known

Father's
Name

not known

Father's
Birthplace

not known

Mother's
Maiden Name

" "

Mother's
Birthplace

" "

Name of person giving
Information

Recd. Mt Hope

How related
to deceased

not at all

CAUSES OF DEATH

90

Primary

Cerebral Congestion yellow
Bronchitis

How long

abt 2 or 3 wks

Immediate

Cardiac Syncope

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

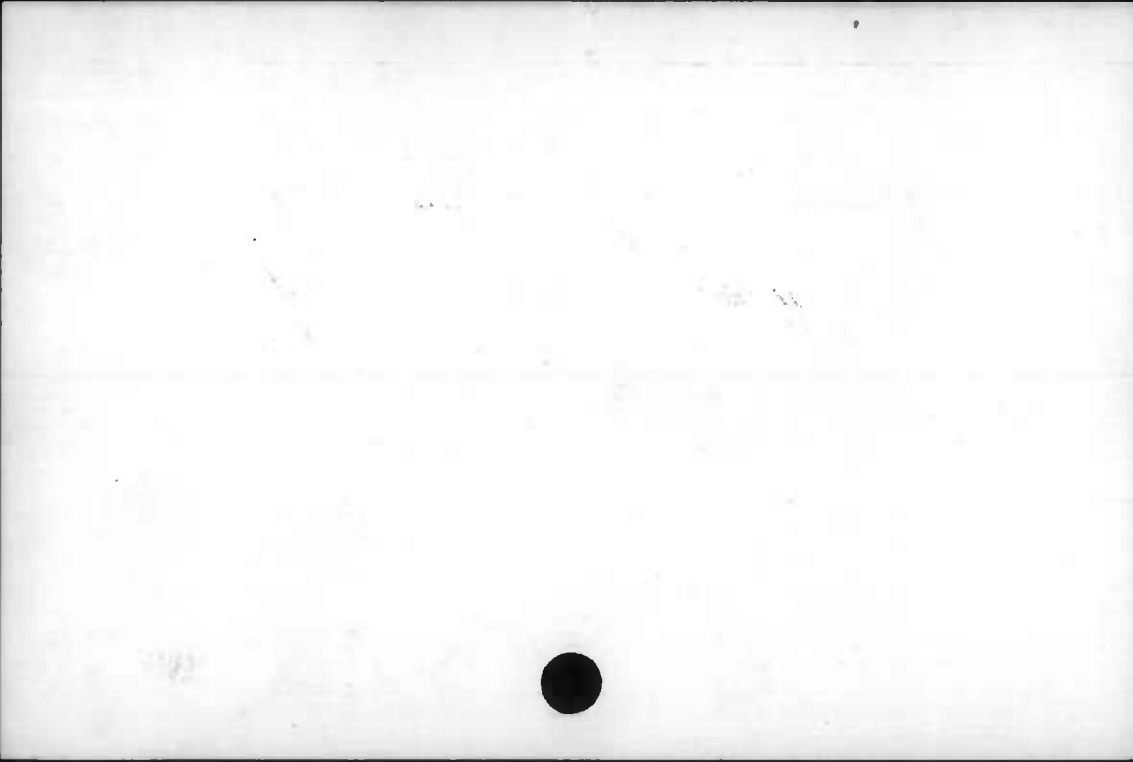
Frank J. Flannery
Mt Hope Retreat
Mt Hope Md.

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Still Born C. W. Middlekauff

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bosly</u> <small>Town</small>		<u>Bolton</u> <small>County</small>		MARYLAND	
Date of death	<u>1909</u> <small>Year</small>	<u>May</u> <small>Month</small>	<u>14</u> <small>Day</small>	Age <u>none</u> <small>Years</small>	<u>none</u> <small>Months</small>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>MD</u>		Where Residing if not at place of death <u>not at all</u>	
Occupation <u>none</u>	Married; Single or Widowed <u>No</u> Name of Wife or Husband <u>none</u>				
Father's Name <u>Chas. W. Middlekauff</u>	Father's Birthplace <u>MD</u>		Mother's Maiden Name <u>Gertrude Blum</u>		
Mother's Name <u>Gertrude Blum</u>	Mother's Birthplace <u>MD</u>		How related to deceased <u>father</u>		
Name of person giving information <u>C. W. Middlekauff</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Still Born</u>	How long <u>Still Born</u>
Immediate	<u>Still Born</u>	How long <u>Still Born</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>J. R. ...</u>
		Address <u>...</u>
Accident or Suicide?		<u>MD</u>

John Burns Sons
Towns on and

Interment ^{at} Land Property
Dulaney's
Valley

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Alongo Miller</i>		Town <i>Towson</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Towson</i>		Date of death <i>1909 May 24</i>		Age <i>42</i>		Months <i>11</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		Days <i>10</i>	
Occupation <i>Electrician</i>		Where Residing if not at place of death <i>918 Gilmore St. Balto.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Demead Miller</i>					
Father's Name <i>Joseph Miller</i>		Father's Birthplace <i>Baltimore</i>					
Mother's Maiden Name <i>Larsh Ellen Kelley</i>		Mother's Birthplace <i>Baltimore</i>					
Name of person giving information <i>Mary Demead Miller</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Diabetes Mellitus - Pul. Tuberculosis</i>		How long <i>5 years.</i>	
Immediate <i>Diabetic Coma</i>		How long <i>12 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>Alfred W. Foster M.D.</i>	
		Address <i>Endowood, Towson, Md.</i>	
Accident or Suicide?			

W^m J. Tickner & sons
Remove to.

918 N. Gilman st

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Frederick Male

Town

Chilopole

Baltimore County

MARYLAND

Date

of death

1909

Month

5th

Day

1st

Age

Years

7

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Chilopole

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Charlie Gardiner

Father's
Birthplace

Baltimore

Mother's
Maiden Name

Frederick Male

Mother's
Birthplace

Baltimore

Name of person giving
In formation

John Male

How related
to deceased

Grandfather

CAUSES OF DEATH

8

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

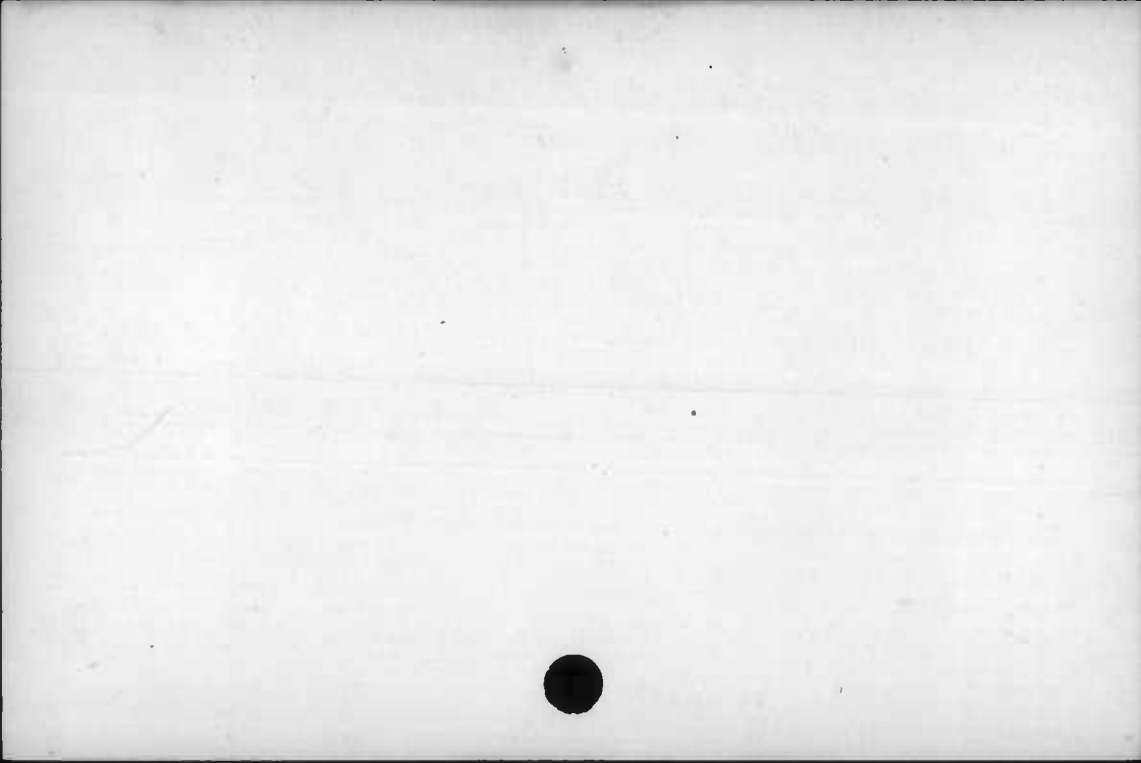
R. H. Hermantus
Glencoe

Accident or Suicide?

PHYSICIAN
OR CORONER

LIBRARY BUREAU AGENTS

10



Name
in
Full

Harriett Monmouth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Harrow Point		Baltimore					
Date of death	1909	Month	May	Day	20	Age	62
Sex	Female	Color or Race	Colored	Birth-place	Calvert Co ^{md}		
Occupation	Housewife			Where Residing if not at place of death	811 E. St. Harrow Pt		
Married, Single or Widowed	Married			Name of Wife or Husband	William Monmouth		
Father's Name	Not Known			Father's Birthplace	Calvert Co ^{md}		
Mother's Maiden Name	L. Johnson			Mother's Birthplace	" "		
Name of person giving Information	John S. Moore			How related to deceased	Husband		

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	Gastritis	How long	20 days
Immediate	Exhaustion	How long	24 hours
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	H. K. Peltekian ^{md}
		Address	Harrow's pt md.
Accident or Suicide			



Name
in
Full

Magdalena Musiel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		May	1	23	8	17	
Sex	Female		Color or Race	White		Birth-place	Hungaria
Occupation	Unknown		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband				
Joseph Musiel							
Father's Name	Martin L. Keplinger					Father's Birthplace	Hungaria
Mother's Maiden Name	Magdalena Meixner					Mother's Birthplace	
Name of person giving information	Joseph Musiel					How related to deceased	Husband

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	Three days
Immediate	Cardiac Pneumonia	How long	Four to five hrs
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Wm. H. Smith	
Address		Rider -	
Accident or Suicide?		No. 9	

Cambridge
Md. Worchester Co

C. A. Wiedefeld Jr
2113 Gummont Ave

Name
in
Full

Catherine Annetta Myers

CERTIFICATE OF DEATH

Died at *Calomene* Town *Baltimore* County *MARYLAND*

Date of death *1909* *May* *9* Age *—* Years *7* Months *4* Days

Sex *Female* Color or Race *White* Birth-place *Calomene*

Occupation *—* Where Residing if not at place of death *—*

TO BE ANSWERED BY
NEAREST FRIEND

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Harry F Myers* Father's Birthplace *Washington D C*

Mother's Maiden Name *Caroline C. Howell* Mother's Birthplace *Calomene Md*

Name of person giving information *H F Myers* How related to deceased *Father*

CAUSES OF DEATH

54

PHYSICIAN
OR CORONER

Primary *Pericarditis Anacmia* How long *5 weeks*

Immediate *Exhaustion* How long *" "*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

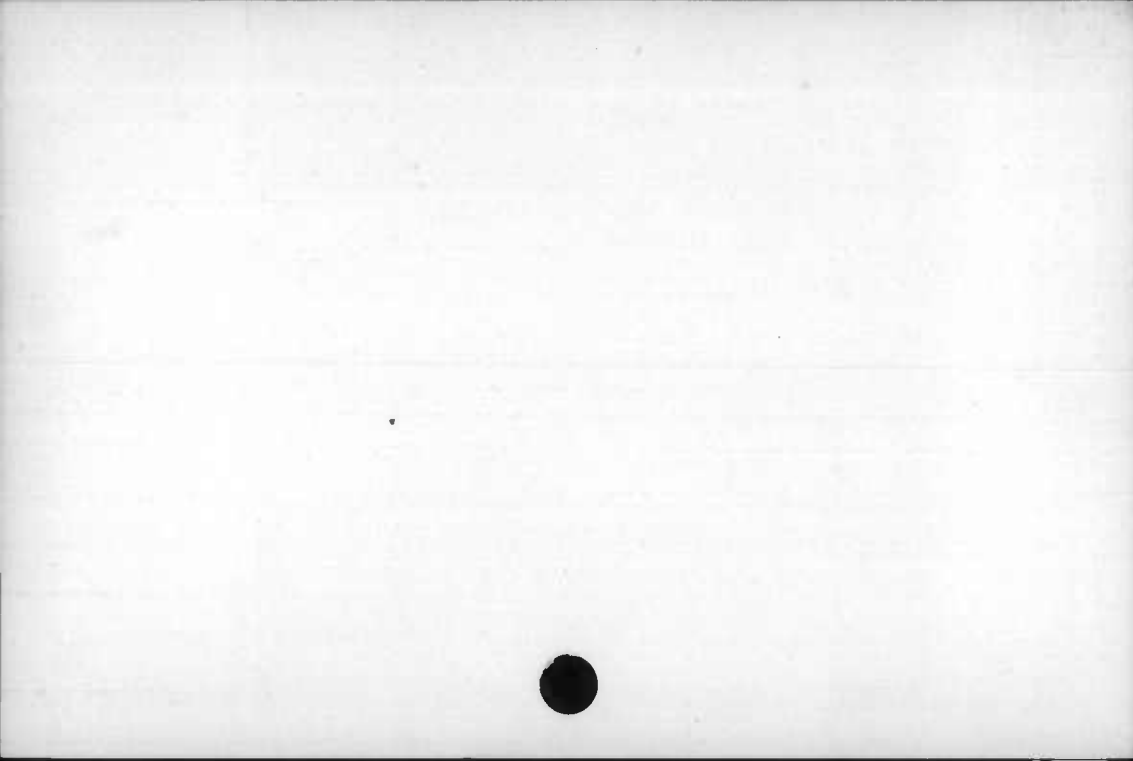
Address

Charles L. Wainfield M.D.

Calomene Md

Accident or Suicide?

—



Name
in
Full

James H. Myers

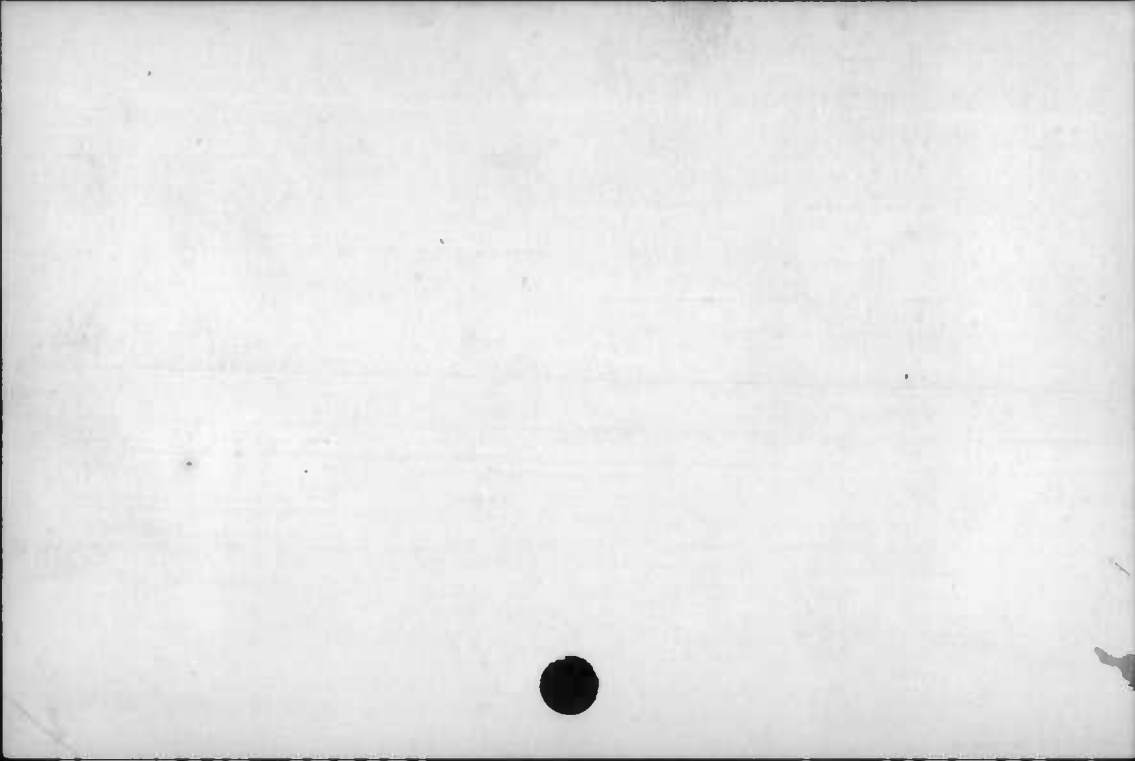
CERTIFICATE OF DEATH

Died at <i>Alberton</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1909 May</i>		<i>7</i> <small>Day</small>	<i>61</i> <small>Years</small>	<i>10</i> <small>Months</small>	<i>7</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Elk Ridge, Md.</i>		
Occupation <i>Cotton Mill Operative</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife <i>Florence Helen Elliott</i>				
Father's Name <i>Abram Myers</i>			Father's Birthplace <i>Not Known</i>		
Mother's Maiden Name <i>Susanne Green</i>			Mother's Birthplace <i>Not Known</i>		
Name of person giving information <i>Mrs. Helen Myers</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

79

PHYSICIAN OR CORONER	Primary <i>Cardiac Asthenia</i>	How long <i>1 year (?)</i>
	Immediate <i>Cardiac Paralysis</i>	How long <i>Suddenly</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. B. Gambrell</i>
		Address <i>Ellicott City, Md.</i>
Accident or Suicide?		



Name
in
Full

Carrie May Nesbitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

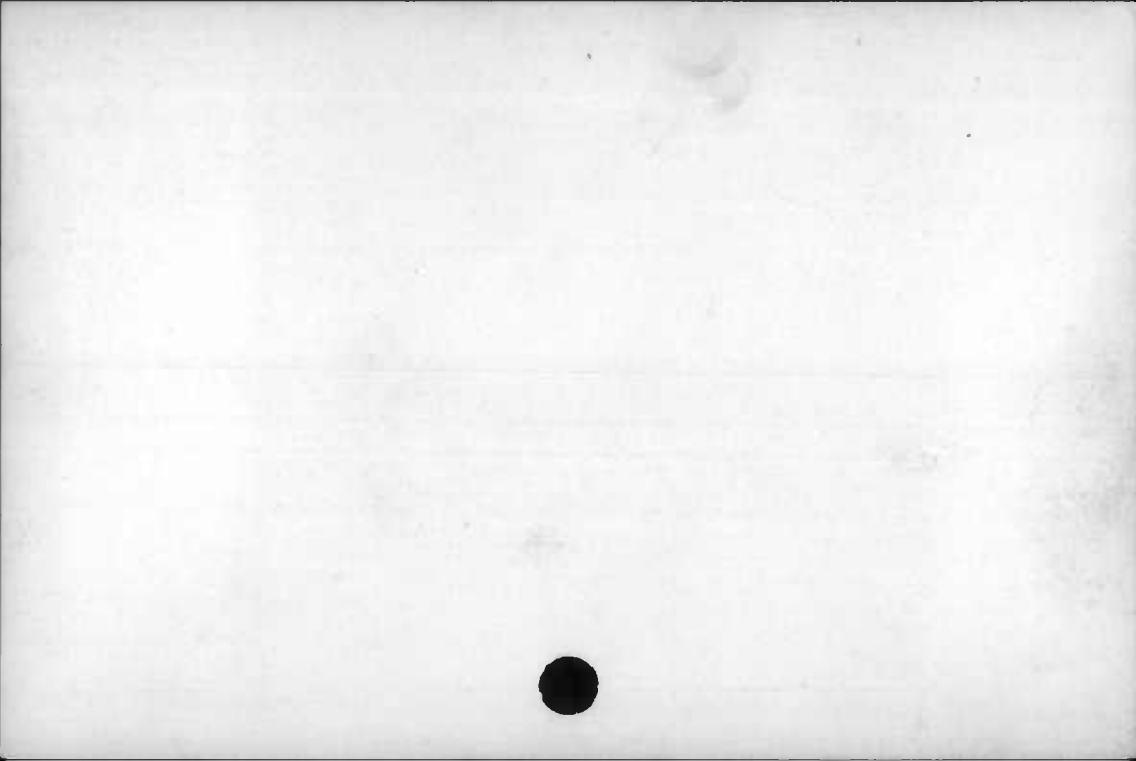
Died at <i>Catonsville</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	1909	Month	May	Day	26 th
Age		36		Months	8
Sex		Female		Color or Race	White
Occupation		Teacher		Birth-place	Colona, Md.
Where Residing if not at place of death					
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	John Allison Nesbitt			Father's Birthplace	Colona, Md
Mother's Maiden Name	Jane Ellen Toeh			Mother's Birthplace	Colona, Md
Name of person giving information	John A. Nesbitt			How related to deceased	Brother

CAUSES OF DEATH

50

PHYSICIAN
OR CORONER

Primary	<i>Diabetes Mellitus</i>	How long	<i>2 years</i>
Immediate	<i>General Asthma</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>D. H. Street, M.D.</i>	
		Address	
		<i>Catonsville, Md</i>	
Accident or Suicide?			



Name
in
Full

Mrs Wm Noelle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Roseville TownBaltimore County

Date

of death 1909

Month

May

Day

26

Years

Age

32

Months

Days

Sex

FemaleColor or
RaceWhiteBirth-
placeBaltimore Md

Occupation

HousewifeWhere Residing if not
at place of deathMarried, Single
or WidowedMarriedName of Wife or
HusbandWilliam J NoelleFather's
NameWm H MarshallFather's
BirthplaceBalto. Md.Mother's
Maiden NameAnna Catherine MarshallMother's
BirthplaceBalto. Md.Name of person giving
InformationWm J NoelleHow related
to deceasedHusband

CAUSES OF DEATH

70

Primary

Cholera

How long

2 days

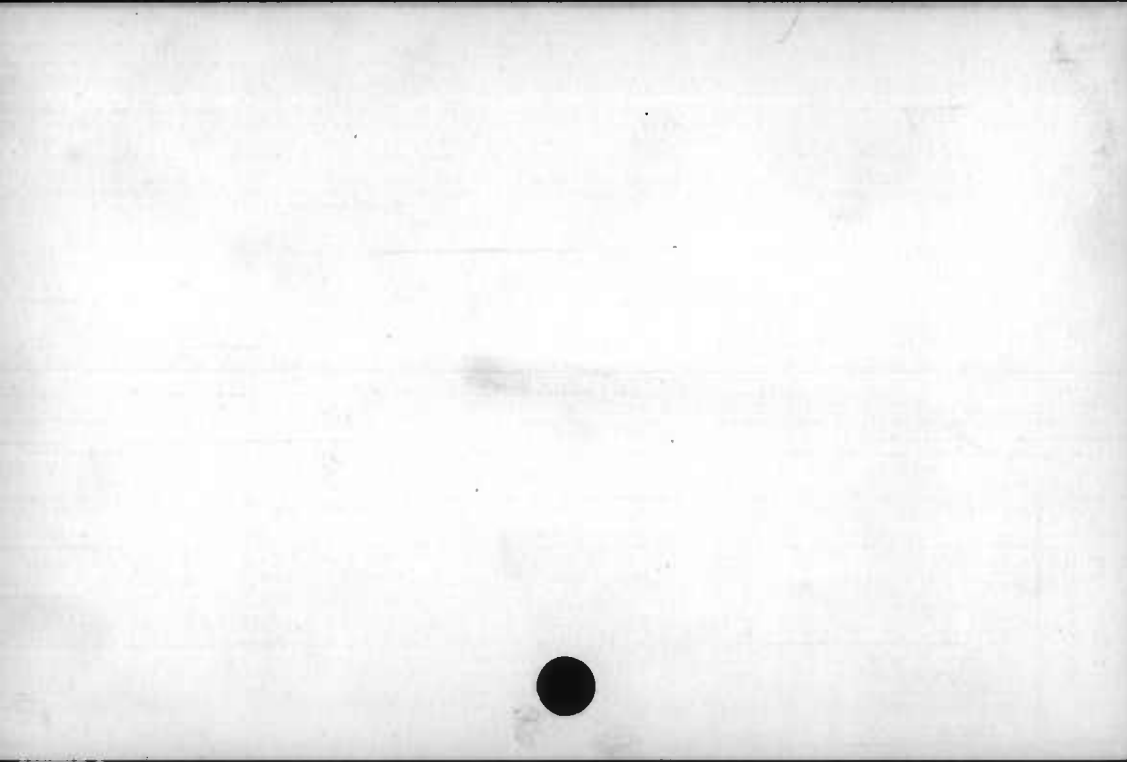
Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
PhysicianWm J Noelle

Address

Roseville
Md

Accident or Suicide?



Name
In Full

Rathine O Connell

CERTIFICATE OF DEATH

Died at Baltimore Town city County MARYLAND

Date of death 1909 Month May Day 3 Age 90 Years 4 Months no Days

Sex female Color or Race white Birthplace Baltimore

Occupation none Where Residing if not at place of death Westport.

Married, Single or Widowed single Name of Wife or Husband child

Father's Name Daniel O Connell Father's Birthplace Ireland

Mother's Maiden Name Cecy Bently Mother's Birthplace Baltimore

Name of person giving information John O Connell How related to deceased Brother.

CAUSES OF DEATH

93

Primary Pneumonia How long 3 weeks

Immediate Cerebro spinal meningitis How long 8 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Dr. [illegible]

Address Westport

Accident or Suicide? no

Ph & Dil

Bonnie Brae.

Name
in
Full

Sarah E. Odell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i>		Town <i>Balto</i>		County <i>Co</i>		State <i>MD</i>	
Date of death <i>1909</i>	Month <i>May</i>	Day <i>23</i>	Age <i>80</i>	Years	Months	Days	MARYLAND
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Baltimore</i>					
Occupation <i>Housekeeper for son</i>	Where Residing if not at place of death <i>255 Highland Av</i>						
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Daniel Odell</i>						
Father's Name <i>John Wink</i>	Father's Birthplace <i>MD</i>						
Mother's Maiden Name <i>Sarah Wink</i>	Mother's Birthplace <i>MD</i>						
Name of person giving information <i>Francis W Roberts</i>	How related to deceased <i>Son</i>						

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>5 days</i>
Immediate <i>Exhaustion</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Jac. L. Thompson</i>
	Address <i>345 Gough</i>
Accident or Suicide? <i>No</i>	<i>Highlandtown Md</i>

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Robert Ompteda</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Baltimore</i>		Date of death <i>1909 May 10</i>		Age <i>59</i>		Months <i>10</i> Days <i>28</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>			
Occupation <i>Oyster Measures</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elizabeth Ompteda</i>					
Father's Name <i>George Ompteda</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Louise Fischer</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Elizabeth Ompteda</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary <i>Cirrhosis of Liver</i>	How long <i>4 months</i>
Immediate <i>cardiac failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Robert L. Kirk M.D.</i>
	Address <i>1610 E. Balto St.</i>
Accident or Suicide?	

Dr. Kirt E. Ball. M

Mount Carmel

May 13/09

H. Sander Sons

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at <i>St. Helena</i>		County <i>Balt</i>		MARYLAND	
Date of death	Month <i>5</i>	Day <i>24</i>	Age <i>3</i>	Months <i>5</i>	Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>St. Helena</i>		
Occupation <i></i>			Where Residing if not at place of death <i></i>		
Married, Single or Widowed <i></i>			Name of Wife or Husband <i></i>		
Father's Name <i>William Peterson</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Elmira Bugh</i>			Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>Elmira Peterson</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

Primary <i>Marasmus</i>	How long <i>1 week</i>
Immediate <i>Convulsions</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. C. Schepherd</i>
	Address <i>148 Tupper St.</i>
Accident or Suicide? <i></i>	

Trinity Assn.
Herrington

5/26/09

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Pemberton Pleasant

Town *Roland Park* County *Baltimore*

Died at *Roland Park Baltimore* MARYLAND

Date of death 1909 *May* 24 Age *52* Months *8* Days *19*

Sex *male* Color or Race *White* Birth-place *Baltimore*

Occupation *none* Where Residing if not at place of death

Married, ~~Single~~ *or Widowed* Name of Wife or Husband *Katherine Lauer Gallagher*

Father's Name *Richard Hall Pleasant* Father's Birthplace *Baltimore*

Mother's Maiden Name *Elizabeth Marie Pontney* Mother's Birthplace *Baltimore*

Name of person giving Information *J. Hall Pleasant* How related to deceased *Brother*

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis* How long *27* years

Immediate *Hæmorrhage* How long *12 years*

Are the name, age, sex, color, data and place correctly given above?

Signature of Physician *J. Hall Pleasant*

Address *16 W. Edgewood Baltimore*

Accident or Suicide

PHYSICIAN
OR CORONER

Place Burial

Greenmount

City

date Burial

May 26th 1909

The W. J. Fulton & Sons Co

Name
in
Full

Louis W Cohlman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rossville</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	<i>5</i> ^{Month}	<i>17</i> ^{Day}	<i>54</i> ^{Years}	<i>5</i> ^{Months}	<i>7</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Cabinetmaker</i>	Where Residing if not at place of death <i>Rossville Ind</i>				
Married Single or Widowed	Name of Wife or Husband _____				
Father's Name <i>Jahn A Cohlman</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Wilhelmina Bieritz</i>	Mother's Birthplace <i>va</i>				
Name of person giving information <i>Elisabeth Meier</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 years</i>
Immediate <i>Heart failure</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. V. Cohlman</i>
	Address <i>Rossville Ind</i>
Accident or Suicide? _____	

Bath County

Frederick LaSalle El Paso

Name
in
Full

CERTIFICATE OF DEATH

George J. Raal
Town Canton County Balto.

MARYLAND

Died at

Date
of death1909 May 20th Age 68

Sex

Male

Color or
Race

White

Birth-
place

Germany

Occupation

Laborer

Where Residing If not
at place of death

700 S. First St.

Married, Single
or Widowed

Widower

Name of Wife or
Husband

Kunigunda Pickle

Father's
Name

Dont / Know

Father's
Birthplace

Germany

Mother's
Maiden Name

Dont / Know

Mother's
Birthplace

" "

Name of person giving
Information

John G. Raal

How related
to deceased

Son

CAUSES OF DEATH

112

How long

Primary

Cirrrosis Liver

Immediate

Broken Compensation

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

C. N. Othey
3200 Hudson ex
Canton

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Sacred Heart Cemetery
May 24th 1899

Lilly and Geiler
Undertakers

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

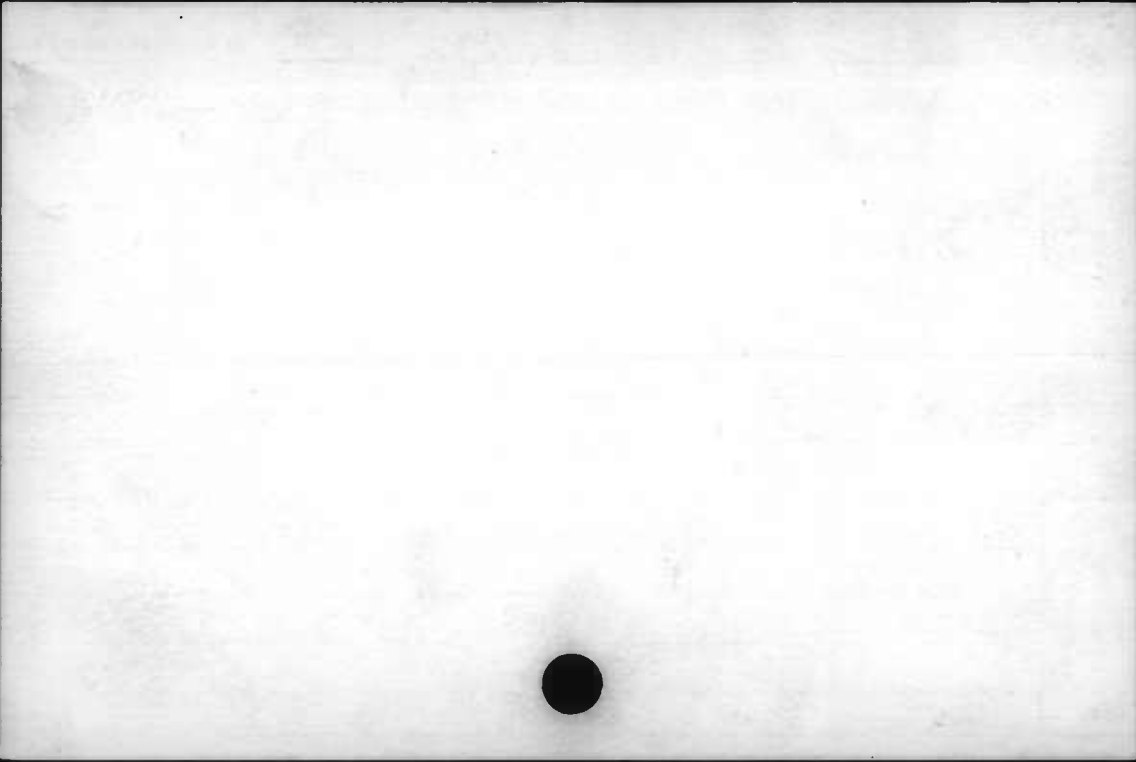
Died at		Town		County		MARYLAND			
Date of death		1909	Month	Day	Age	Years	Months	Days	
Sex		male		Color or Race		White		Birth-place	Ind.
Occupation				Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband							
Father's Name		Nicholas Ramseyer		Father's Birthplace		Germany			
Mother's Maiden Name		Mary Smith		Mother's Birthplace		Ind.			
Name of person giving Information		Nicholas Ramseyer		How related to deceased		Father			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	✓ Cardiac Stenosis.	How long	Immediate
Immediate	Convulsions	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		B. S. French, M.D.	
		Address	
		1514 Hallius St.	
Accident or Suicide		✓	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full William A Randall		Town North Branch		County Balt		MARYLAND	
Died at North Branch		Month May		Day 19		Age 61	
Date of death 1909		Month May		Day 19		Age 61	
Sex Male		Color or Race White		Birth-place Balt Co Md		Months 4	
Occupation Farmer		Where Residing if not at place of death North Branch		Months 4		Days —	
Married, Single or Widowed Married		Name of Wife or Husband Rachel E Randall		Father's Name Lloyd Randall		Father's Birthplace Howard Co	
Mother's Maiden Name Rachel M Ward		Name of person giving information Helson Randall		Mother's Birthplace Balt Co Md		How related to deceased Porter	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Arterio Sclerosis	How long	1 year
Immediate	Chronic Nephritis	How long	6 months
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Wm E. B. B. B.	
		Address Realyn	
Accident or Suicide? —		Balti Co Md	

4.



Name
in
Full

Lamie Rawlin's

CERTIFICATE OF DEATH

Died at *Sudbrook* ^{Town} *Baltimore* ^{County} **MARYLAND**

Date of death 190 *9* Month *5* Day *8* Age *50* Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Balt. City*

Occupation *House Wife* Where Residing if not at place of death *Sudbrook*

Married, Single or Widowed *Married* Name of Wife or Husband *Wm. S. Rawlin's*

Father's Name *John Morton* Father's Birthplace *Scotland*

Mother's Maiden Name *Flora Mackintosh* Mother's Birthplace *"*

Name of person giving Information *Wm. S. Rawlin's* How related to deceased *Husband*

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

120

Primary *Chronic Nephritis -* How long *Several years*

Immediate *Uraemia* How long *9 hours*

Are the name, age, sex, color, date and place correctly given above?

yes

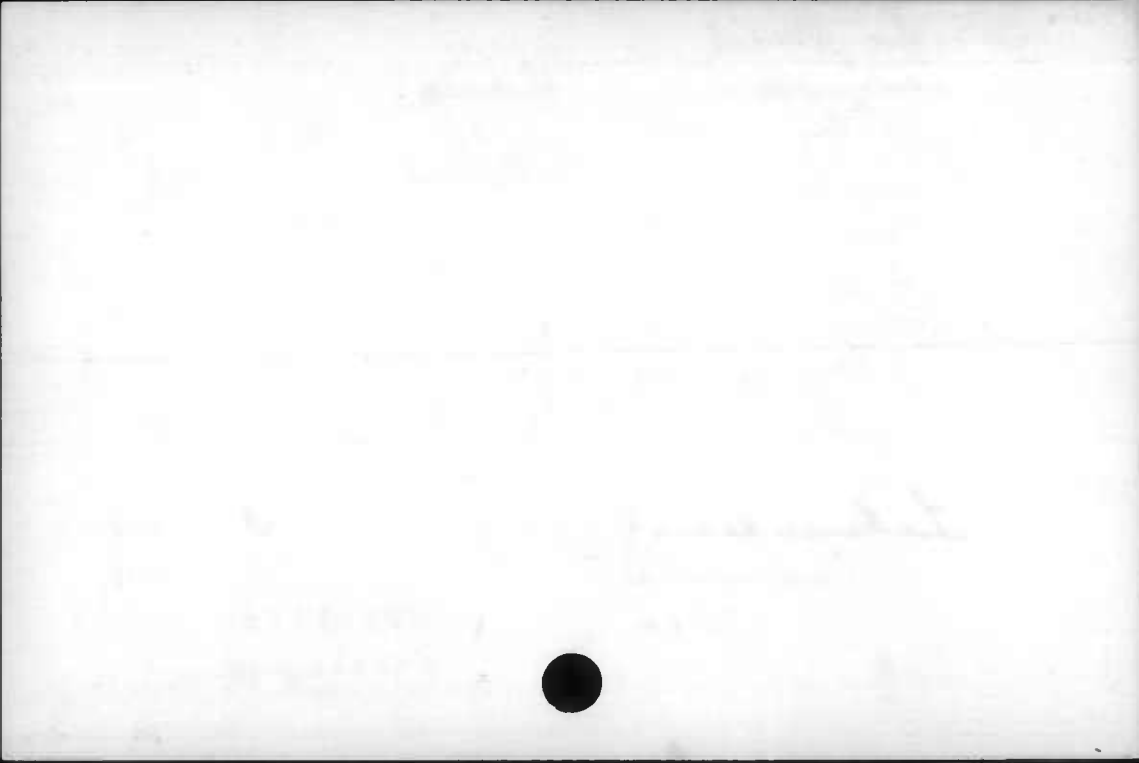
Signature of Physician

Address

Henry A. Naylor
Pikesville
MD 3

Accident or Suicidal *—*

PHYSICIAN
OR CORONER



Name
in
Full

Bertha Reed

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

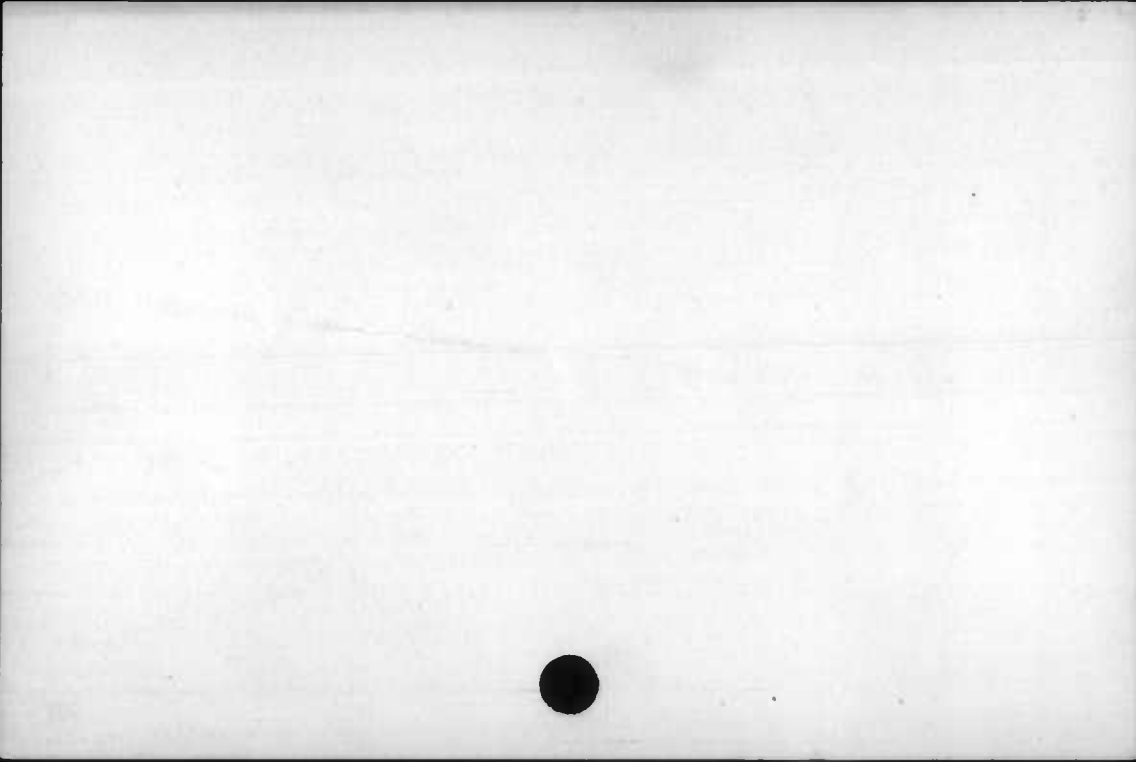
Died at <u>Arlington</u> <small>Town</small>		<u>Balto.</u> <small>County</small>		MARYLAND	
Date of death	<u>1909</u> <small>Year</small>	<u>May</u> <small>Month</small>	<u>11</u> <small>Day</small>	Age <u>29</u> <small>Years</small>	<u>2</u> <small>Months</small> <u>13</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>md.</u>			
Occupation <u>Housework</u>	Where Residing if not at place of death <u>Arlington</u>				
Married, Single or Widowed <u>Single.</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Charles C Reed.</u>	Father's Birthplace <u>md.</u>				
Mother's Maiden Name <u>Mary Reed.</u>	Mother's Birthplace <u>md.</u>				
Name of person giving information <u>Charles A Reed.</u>	How related to deceased <u>Brother</u>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis of Lungs.</u>	How long <u>3 mos.</u>
Immediate <u>Exhaustion</u>	How long <u>1 week.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>W. H. Lee md.</u>
	Address <u>Arlington.</u>
Accident or Suicide?	



Name
in
Full

Henry T. Ritter -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Balto. Co. Anushouse.		Texas.		Balto.		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		May-	6	Age 83.	1	4	
Sex	Male			Color or Race	white		
Occupation	Blacksmith			Birth-place	Ind -		
Where Residing if not at place of death				Inmate -			
Married, Single or Widowed	Widowed			Name of Wife or Husband	Unknown -		
Father's Name	Joseph - Ritter			Father's Birthplace	Ind -		
Mother's Maiden Name	Margaret - Bell -			Mother's Birthplace	Ind -		
Name of person giving information	Taken from House Register.			How related to deceased			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Asthma - Endocarditis	How long	10 years -
Immediate	Apnosa -	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes -	Signature of Physician	Wilmer C. Insod M.D.
		Address	Cockeysville Ind - 8
Accident or Suicide?	No		

Place of Burial Pleasant Hill
Under altar Joseph Elmer

Name
in
Full

Marie Anna Roessner

CERTIFICATE OF DEATH

Died at <i>Highlandtown</i> ^{Town} <i>Balto.</i> ^{County}		MARYLAND	
Date of death <i>1909</i> ^{Month} <i>May</i> ^{Day} <i>3rd</i> ^{Years} <i>2</i> ^{Months} <i>2</i> ^{Days} <i>18</i>	Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Balto. Md.</i>
Occupation <i>None</i>	Where Residing if not at place of death <i>3741 Lombard St</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Henry Roessner</i>	Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Pauline Esparner</i>	Mother's Birthplace <i>" "</i>		
Name of person giving Information <i>Pauline Roessner</i>	How related to deceased <i>Mother</i>		

CAUSES OF DEATH

Primary	<i>9</i>	How long
Immediate <i>Diphtheria</i>	How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. J. S. Owen</i>	Address <i>St. Conrad Fairmount Ave and Monroe St</i>
Accident or Suicide <i>No</i>		

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sacred Heart Cemetery

May 4th 09

Lilly and Zeiler
Undertakers

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sundalk</i>		County <i>Balto</i>		MARYLAND	
Date of death 1909	Month <i>May</i>	Day <i>19</i>	Age <i>about 45</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>W. W.</i>	Birth-place <i>Unknown</i>			
Occupation <i>Unknown</i>	Where Residing if not at place of death <i>Unknown</i>				
Married, Single or Widowed <i>Unknown</i>	Name of Wife or Husband <i>Unknown</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving Information <i>Police Headquarters</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

Primary <i>Artery, Carotid artery</i>	How long
Immediate <i>Infarction by rapid shock</i>	How long
Are the name, age, sex, color, date and place correctly given above?	

Signature of
Physician

Address

J. S. Sudler, M.D. Crozer
3856 E. Balto St

Accident or Suicide

Murder

Johns Hopkins Hospital
J Herwig for
3/26/89

Name
in
Full

Arthur Enclgrove Rosseter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

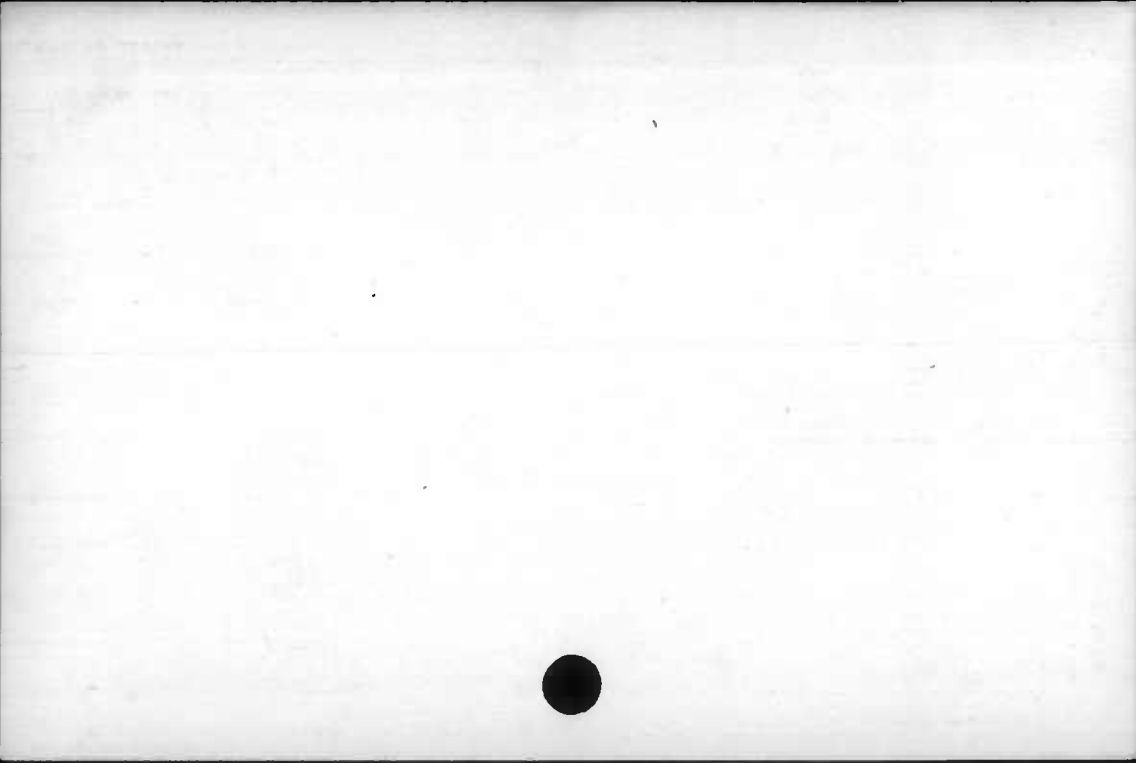
Died at		Town Raspburg		County Baltimore		MARYLAND	
Date of death		Month 1909	Day May	Age 26	Years 1	Months	Days
Sex Male		Color or Race White		Birth- place Baltimore			
Occupation none				Where Residing if not at place of death —			
Married, Single or Widowed —		Name of Wife or Husband —					
Father's Name Arthur Rosseter				Father's Birthplace England			
Mother's Maiden Name George Potts				Mother's Birthplace New Jersey			
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	1 day
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Leonard E Beach M.D.	
Address		837 N Fayette St. Baltimore Md.	
Accident or Suicide		no	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Western Run P.O. Md.</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	1909	Month	5	Day	21	Age	26
Sex	Male		Color or Race	White		Birth-place	Glyndon Md
Occupation	Farm Laborer			Where Residing if not at place of death			Western Run P.O. Md
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Samuel Sanders				Father's Birthplace	
Mother's Maiden Name		Fannie E. Sanders				Mother's Birthplace	
Name of person giving information		Alice R. Bosley				How related to deceased	
						Sister	

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary	Tubercular disease of the Bowels		How long	one year
Immediate	Peritonitis		How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Address	
			Boekysville Md	
Accident or Suicide?				

Funeral at St John
Church near Glynceben
Saturday 22nd 09

N. C. Brooks

Name
in
Full

Bernard Henry Schiffhorst

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

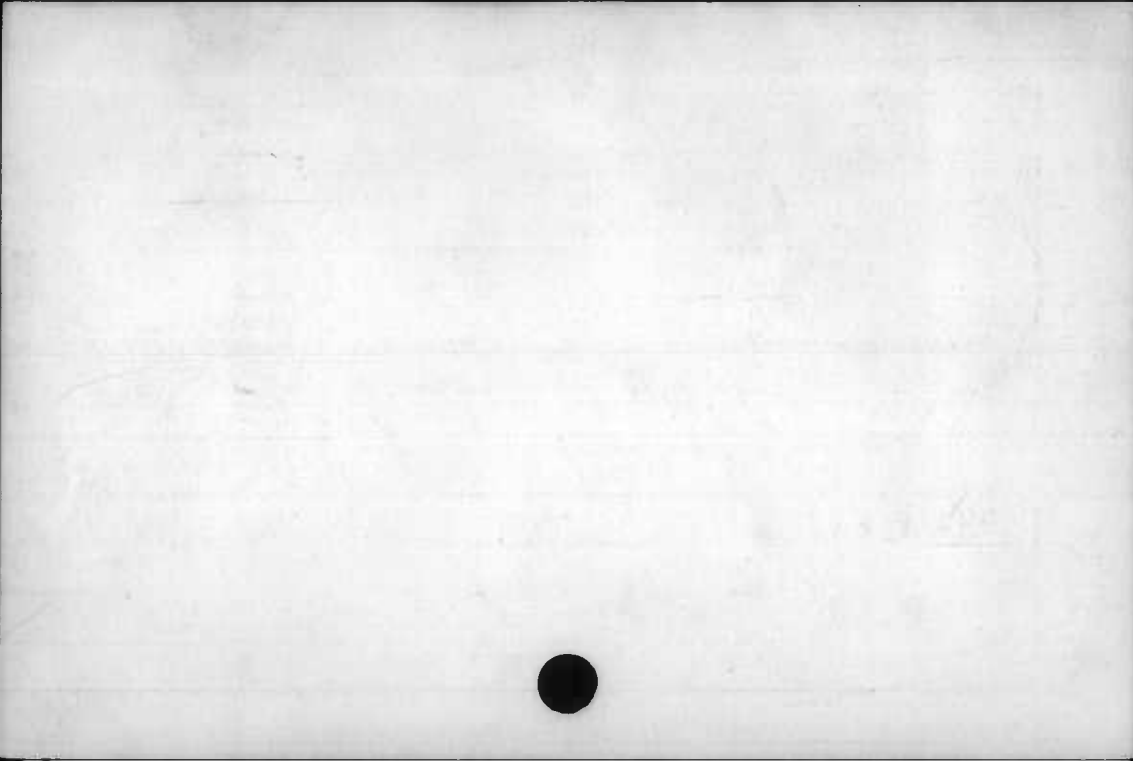
Died at		Town Highlandtown		County Balt.		MARYLAND	
Date of death	1909	Month May	Day 28	Age	Years	Months	Days 2 1/2
Sex	Male		Color or Race	White		Birth- place	Md.
Occupation	—			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Bernard Schiffhorst					Father's Birthplace	Germany
Mother's Maiden Name	Marie Lutcherne					Mother's Birthplace	Germany
Name of person giving Information	Bernard Schiffhorst					How related to deceased	Father

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Inanition	How long	Since birth
Immediate	Convulsions	How long	1 day
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	Dr. F. W. Seaton
		Address	3241 Eastern Ave
Accident or Suicide?			12



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Bernard Schiphorst Jr.

Town

County

Highlandtown

Baltimore

MARYLAND

Date

of death 1909

Month

5

Day

27

Age

Years

—

Months

—

Days

2

Sex

male

Color or
Race

white

Birth-
place

3509 E. Balt. St.

Occupation

—

Where Residing if not
at place of death

—

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

Bernard Schiphorst

Father's
Birthplace

Germany

Mother's
Maiden Name

Mary Lutzgerath

Mother's
Birthplace

"

Name of person giving
Information

Mary Schiphorst

How related
to deceased

mother

CAUSES OF DEATH

63

Primary

Paralysis

How long

2 days

Immediate

—

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

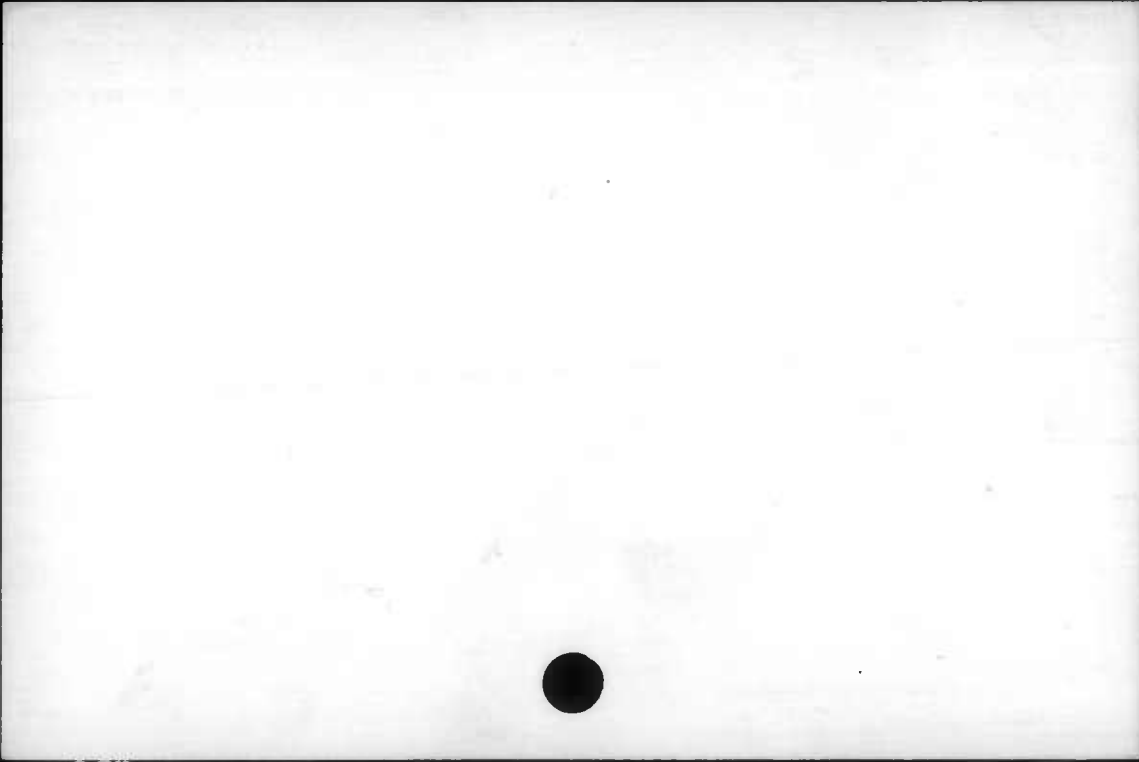
Dr. J. A. Glantz

Address

3241 Eastern Ave.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Catherine Schmidt</i>		City <i>8th Lombard</i>		County <i>Balto</i>		STATE MARYLAND	
Died at		Month <i>May</i>		Day <i>1</i>		Years <i>56</i>	
Date of death <i>1909</i>		Months <i>9</i>		Days <i>1</i>		Age <i>56</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Canada</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>North Grosvenor</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John Schmidt</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Mrs. Lora Erbbeck</i>		Mother's Birthplace <i>"</i>					
Name of person giving Information <i>Mrs. Lora Erbbeck</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cardiac Syncope</i>	How long <i>79</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician <i>James W. S. Sedgwick</i>	
Address <i>3326 E. Balto</i>	
Accident or Suicide	

Wm Cook

Oaklawn Cemetery

May 4. 1909

Name
in
Full

Daisy Schroeder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Towson</i>		County <i>Balto</i>		MARYLAND	
Date of death	1909	Month <i>✓</i>	Day <i>21</i>	Age <i>24</i>	Months <i>—</i>
Sex <i>F</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Baltimore</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>unknown</i>				
Father's Name <i>unknown</i>	Father's Birthplace <i>unknown</i>				
Mother's Maiden Name <i>unknown</i>	Mother's Birthplace <i>unknown</i>				
Name of person giving information <i>Records in Hospital</i>	How related to deceased <i>—</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary tuberculosis</i>	How long <i>Several years</i>
Immediate <i>Syncope</i>	How long <i>?</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Alfred W. Foster M.D.</i>
	Address <i>Andover, Towson Md</i>
Accident or Suicide? <i>No</i>	

E. Madison Mitchell,
her A. M. F

Removal to 1201 W Fayette

Name
in
Full

Daniel Scott.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Mt. Washington*

Town

Baltimore

County

Date
of death *1909*Month
*5*Day
30

Age

Years
*44*Months
*—*Days
—

Sex

*Male*Color or
Race*White*Birth-
place*Maryland.*

Occupation

*Dept. Driving Park*Where Residing if not
at place of death*Mt. Washington*Married, ~~Single~~
or ~~Widowed~~Name of ~~Wife or~~
~~Husband~~*Annie Kelly*Father's
Name*Patrick Scott*Father's
Birthplace*Ireland*Mother's
Maiden Name*Ellen Harwood*Mother's
Birthplace*Ireland.*Name of person giving
information*Mary Kelly*How related
to deceased*Sister-in-Law*

CAUSES OF DEATH

120

Primary

Alcoholism

How long

— years.

Immediate

Nephritis

How long

*Weeks*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*W. P. Harwood*

Address

St. E. City, Md.

Accident or Suicide?

*—*PHYSICIAN
OR CORONER

Martin Foley & Sons
Undertakers

St. Mary's Cemetery
Covans

Name
in
Full

CERTIFICATE OF DEATH

Elizabeth Scott

Town

County

Died at Canton

Balto.

MARYLAND

Date of death 1909 May

Month

Day

24th

Age

Years

Months

Days

8 Hours

Sex Female

Color or Race

White

Birth-place

Balto. Co.

Occupation

None

Where Residing if not at place of death

928 Bouldin St

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

John Scott

Father's Birthplace

Balto. Md

Mother's Maiden Name

Mary Bare

Mother's Birthplace

" "

Name of person giving Information

John Scott

How related to deceased

Father

CAUSES OF DEATH

Primary

Premature Birth

Immediate

Malformation head.

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

W.E. McClanahan

Address

#619 S. Clinton St.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

150

How long

How long

Sacred Heart Cemetery.

May 25th 09.

Lilly and Zeiler,
Undertakers,

Name
in
Full

Helena Seagquist

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Highlandtown ^{County} Balto		MARYLAND	
Date of death 190 ^{Month} 9 ^{Day} 5 ^{Year} 23	Age 33	Months -	Days -
Sex Female	Color or Race White	Birth-place Balto	
Occupation None	Where Residing if not at place of death 3500 Eastern Ave		
Married, Single or Widowed Married	Name of Wife or Husband Carl E. Seagquist		
Father's Name John Schaaf	Father's Birthplace Germany		
Mother's Maiden Name Johanna	Mother's Birthplace 4 4		
Name of person giving Information John Schaaf	How related to deceased Father		

CAUSES OF DEATH

26

PHYSICIAN
OR CORONER

Primary Laryngeal Tuberculosis	How long 2 years
Immediate Cardiac Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Dr. F. A. Seantz
	Address 3241 Eastern Ave.
Accident or Suicide	

MA. Carmel Cemetery

Herrington

5/23/09

Name

in
Full

CERTIFICATE OF DEATH

Fannie Seiderman

Died at J. H. C. B. ^{Town} Reisterstown^{County} Baltimore

MARYLAND

Date

of death 190

9

Month

May

Day

23

Age

Years

14

Months

7

Days

22

Sex

Female

Color or
Race

White

Birth-
place

Baltimore

Married, Single
or Widowed

Single

Occupation

School

Name of Wife or
HusbandFather's
Name

Harris Seiderman

Father's
Birthplace

Russia

Mother's
Maiden Name

Bessie Sevier

Mother's
Birthplace

Russia

Name of person giving
In formation

Harris Seiderman

How related
to deceased

Father

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

Several years

Immediate

Tubercular meningitis

How long

5 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

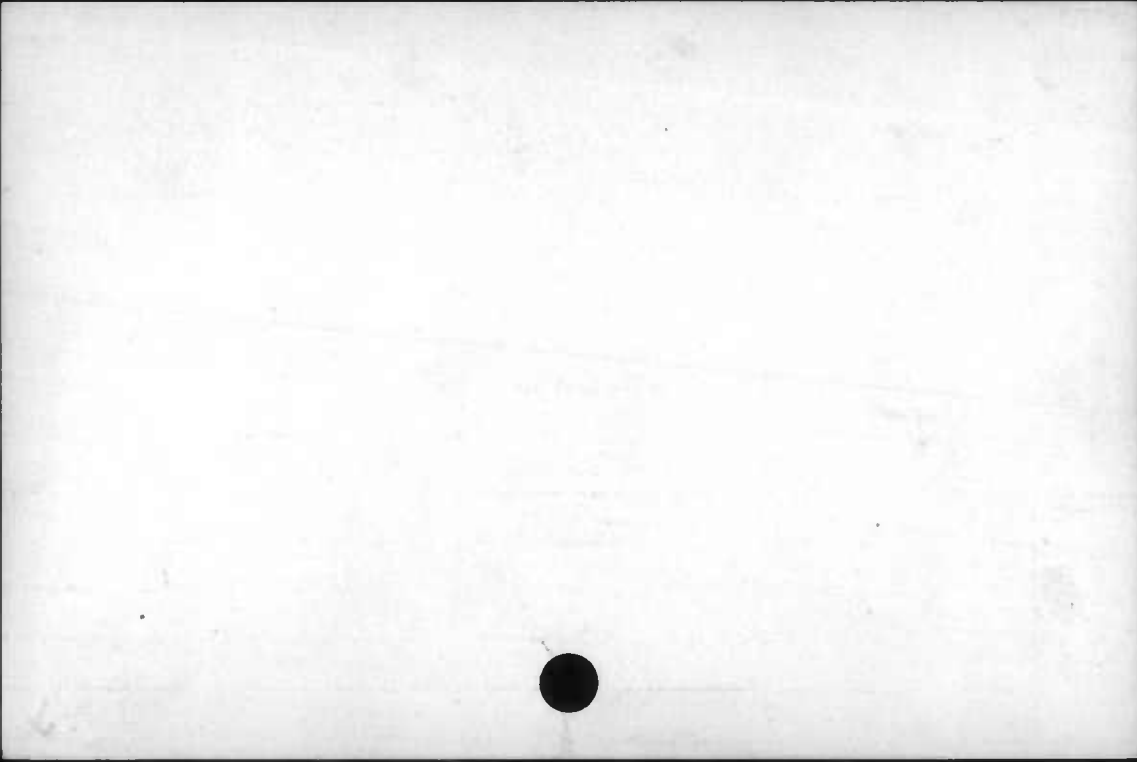
S. Wickes Merritt, M.D.

Address

Jewish Hospital for Consumption,
Reisterstown, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elizabeth Sinnott

Town

County

Died at

Govanstown

Baltimore

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1909 May

12

Age

50

Sex

Female

Color or
Race

White

Birth-
place

Ireland

Occupation

Housewife

Where Residing if not
at place of death

Married, Single

~~or Widowed~~Name of Wife or
Husband

John Sinnott

Father's
Name

Peter Munchie

Father's
Birthplace

Ireland

Mother's
Maiden Name

Elizabeth Downey

Mother's
Birthplace

"

Name of person giving
In formation

John Sinnott

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Pneumonia

How long

Some years

Immediate

Tuberculosis

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. J. Kelly

Address

110 E North Ave

Accident or Suicide?

St. Mary's Cemetery
Gorhamstown

May 15, 1909

W. C. Midfield

914 Greenmount Ave.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Days

Date

of death

1909

Month

May

Day

45

Age

Years

68

Months

Sex

Female

Color or
Race

White

Birth-
place

D.C.

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

John E. Somerville

Father's
Name

John Somerville

Father's
Birthplace

D.C.

Mother's
Maiden Name

Mathia Karney

Mother's
Birthplace

D.C.

Name of person giving
In testimony

John C. Rinehart 134 Gander

How related
to deceased

(42)

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Immediate

Carcinoma - Chron. Hepatitis

How long

2 yrs

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Dr. H. Beeten

Address

Fort Washington

Accident or Suicide?

Norlina.

Warren County

N.C.

Home Book

502 E. Hartman

Name
in
Full

Rosa H Taylor +

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Rayville Town Balti County

MARYLAND

Date of death 1909 Month 5 Day 26 Age 39 Years Months 10 Days 10

Sex Female Color or Race White Birth-place Mo

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband J Nelson Taylor

Father's Name George Warner Father's Birthplace Mo

Mother's Maiden Name Keoma Hinton Mother's Birthplace Mo

Name of person giving Information J Nelson Taylor How related to deceased Husband

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

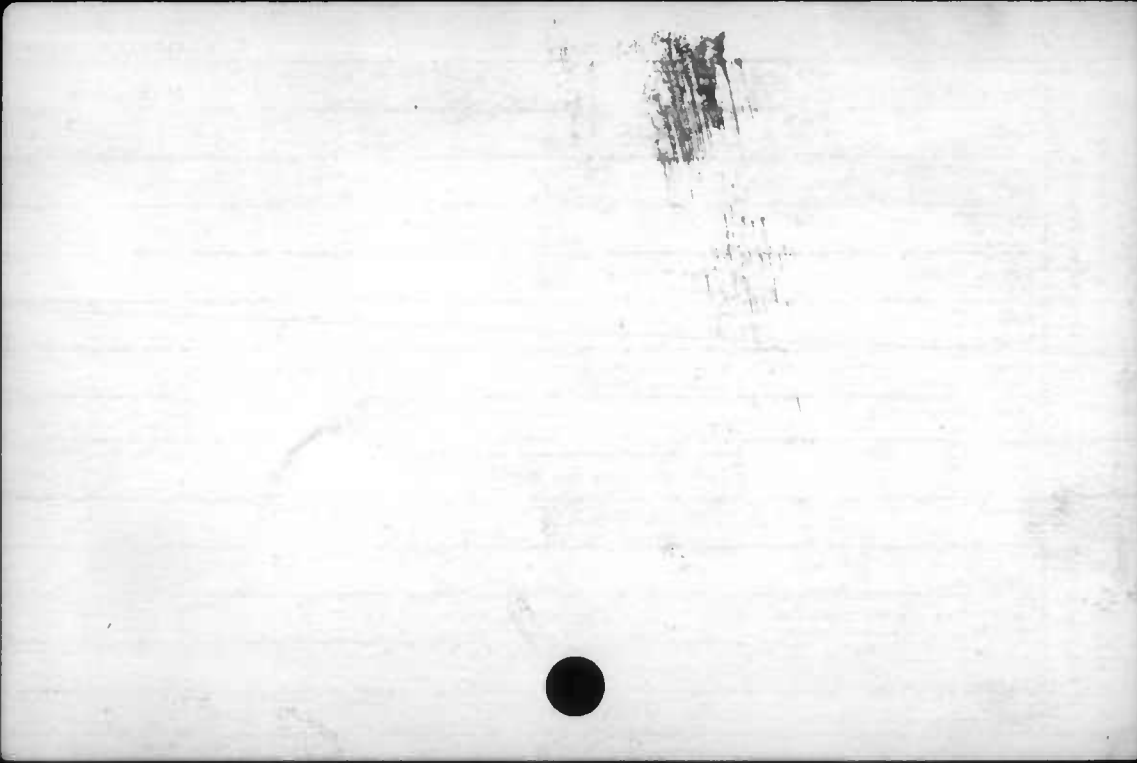
Primary Acute Pulmonary Tuberculosis How long About 6 months

Immediate Tubercular Pneumonia How long 1 week

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician E. W. Rye, M.D. Address Rayville, Mo.

Accident or Suicide No



Name
in
Full

Margaret B. Jegges

CERTIFICATE OF DEATH

Died at ^{Town} <i>Highlandtown</i> ^{County} <i>Balto</i>		MARYLAND	
Date of death 190 <i>9</i>	Month <i>5</i>	Day <i>12</i>	Age <i>63</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Germany</i>	
Occupation <i>None</i>	Where Residing if not at place of death <i>3815 Eastern ave</i>		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Nicolas Jegges</i>		
Father's Name <i>- Unknown</i>	Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>- Unknown</i>	Mother's Birthplace <i>" "</i>		
Name of person giving Information <i>Mrs Chas. Maasch</i>	How related to deceased <i>Slaughter</i>		

CAUSES OF DEATH

40

Primary <i>Carcinoma of liver</i>	How long <i>one year</i>
Immediate <i>Respiratory failure</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. E. Runk</i>
	Address <i>2000 E. Balt. St.</i>
Accident or Suicide <i>no</i>	

St. Mathews Cemetery

Hewig & son

5/16/09

Name in Full		Town				County		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Boston</u>				<u>Baltimore</u>		MARYLAND					
		Date of death <u>1909</u>		Month <u>May</u>		Day <u>30</u>		Age <u>—</u>		Months <u>—</u>		Days <u>9</u>	
		Sex <u>Female</u>				Color or Race <u>(Cal)</u>		Birth-place <u>ind</u>					
		Occupation <u>Infant</u>				Where Residing if not at place of death <u>Boston</u>							
		Married, Single or Widowed <u>Single</u>				Name of Wife or Husband <u>none</u>							
		Father's Name <u>John Thomas</u>				Father's Birthplace <u>ind</u>							
		Mother's Maiden Name <u>Arcanda Miller</u>				Mother's Birthplace <u>ind</u>							
		Name of person giving information <u>John Thomas</u>				How related to deceased <u>father</u>							
		CAUSES OF DEATH				(151)							
PHYSICIAN OR CORONER		Primary <u>Congenital debility</u>				How long <u>9 days</u>							
		Immediate <u>Cardiac Asthma</u>				How long <u>24 hrs</u>							
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>				Signature of Physician <u>J. Joseph Green</u>							
						Address <u>Boston ind</u>							
		Accident or Suicide? <u>—</u>											

undertaker Robert A. Elliott
inc

Sandy Barton

Name
in
Full

Mary Elizabeth Toollee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

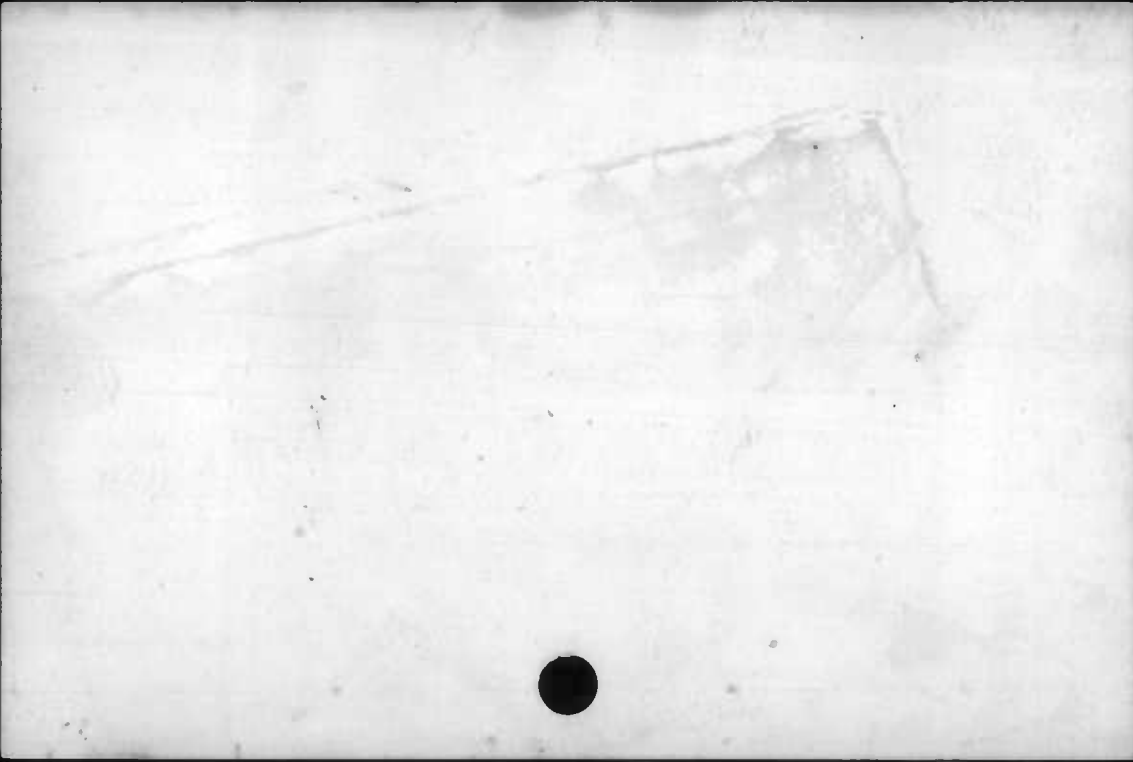
Died at <i>Franklinville</i>		County <i>Dutmouth</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>May</i>	Day <i>21</i>	Age <i>29</i>	Months <i>4</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Harford Co. Md.</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>same</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Robert Toollee</i>				
Father's Name <i>Elmer J. Waters</i>			Father's Birthplace <i>Harford Co. Md.</i>		
Mother's Maiden Name <i>Marageth Mullen</i>			Mother's Birthplace <i>Belt Co. Md.</i>		
Name of person giving information <i>Mrs. Janet Waters</i>			How related to deceased <i>Sister-in-law</i>		

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>Pleur Pneumonia following L. Grip</i>	How long <i>10 days</i>
Immediate <i>Cerebral Failure at crisis during</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. H. H. H.</i>
	Address <i>Laurel Hill</i>
Accident or Suicide? <i>No.</i>	



Name
in
Full

CERTIFICATE OF DEATH

Died at

Chairs Stc

Town

County

Baltimore

MARYLAND

Date

of death

1909

Month

May

Day

1st

Age

Years

27

Months

Days

Sex

Male

Color or
Race

Black

Birth-
place

Baltimore

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Louisa

Father's
Name

Do not know

Father's
Birthplace

Do not know

Mother's
Maiden Name

Do not know

Mother's
Birthplace

Do not know

Name of person giving
In formationHow related
to deceased

CAUSES OF DEATH

120

Primary

Bright's disease & renal insufficiency

How long

Immediate

Nephritis

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes & know

Signature of
Physician

C. H. Scudder, M.D.

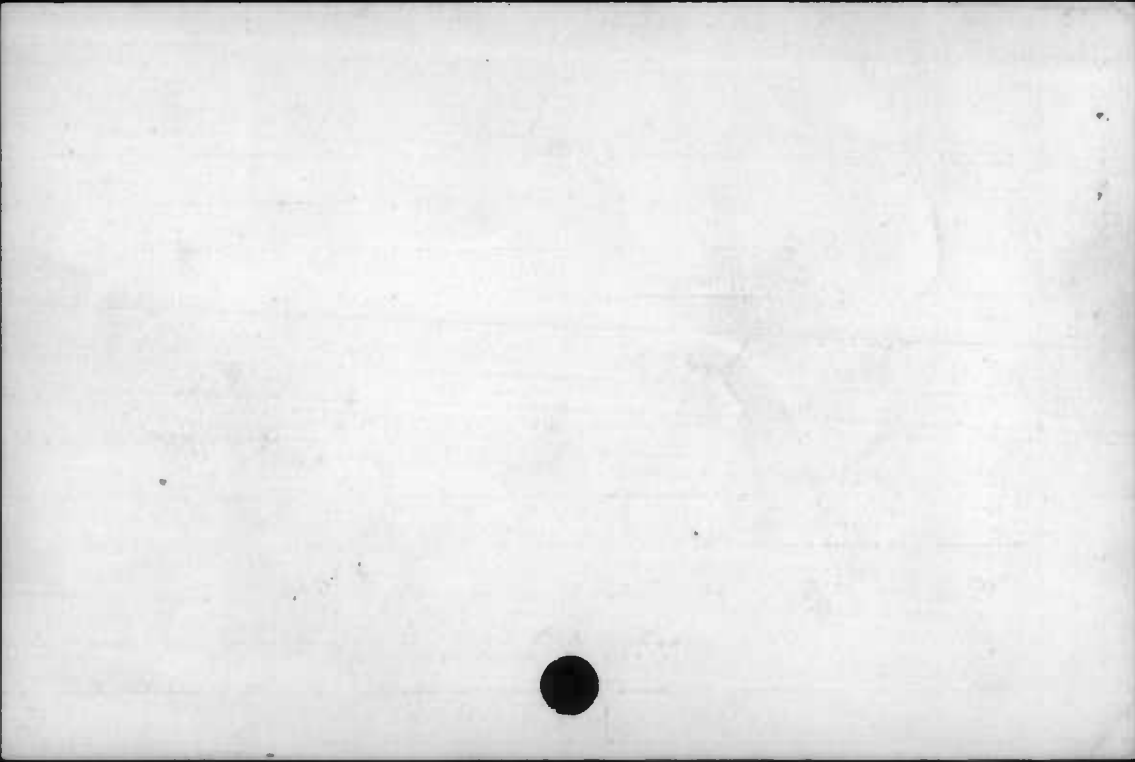
Address

2 S Patterson Park Wkly
Baltimore

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town		County		State	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving Information		How related to deceased					

CAUSES OF DEATH

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Accident or Suicidal	Address

151

Chas Earp.
London P/K

Name
in
Full

Edward White Wagner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Austerlown* ^{Town} *about 4 1/2 miles* ^{County} *Baltimore*

MARYLAND

Date of death *1909* Month *May* Day *22* Age *40* Years Months *0* Days *13*Sex *male* Color or Race *W.* Birth-place *Baltimore, Md.*Occupation *To clerk* Where Residing if not at place of deathMarried, Single or Widowed *married* Name of Wife or Husband *Augusta Sedgely*Father's Name *B. Lansing Wagner* Father's Birthplace *New York*Mother's Maiden Name *Alie Meyers* Mother's Birthplace *New York*Name of person giving information *B. Lansing Wagner* How related to deceased *Father*

CAUSES OF DEATH

112

PHYSICIAN
OR CORONERPrimary *Cirrhosis of the liver* How long *10 months*Immediate *Exhaustion* How long *Two days*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Wilton P. Hill*Address *Arlington, Va.*

Accident or Suicide?

Place of Burial, Loudon Park Cemetery.

Undertakers, Henry W. Mears & Son.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

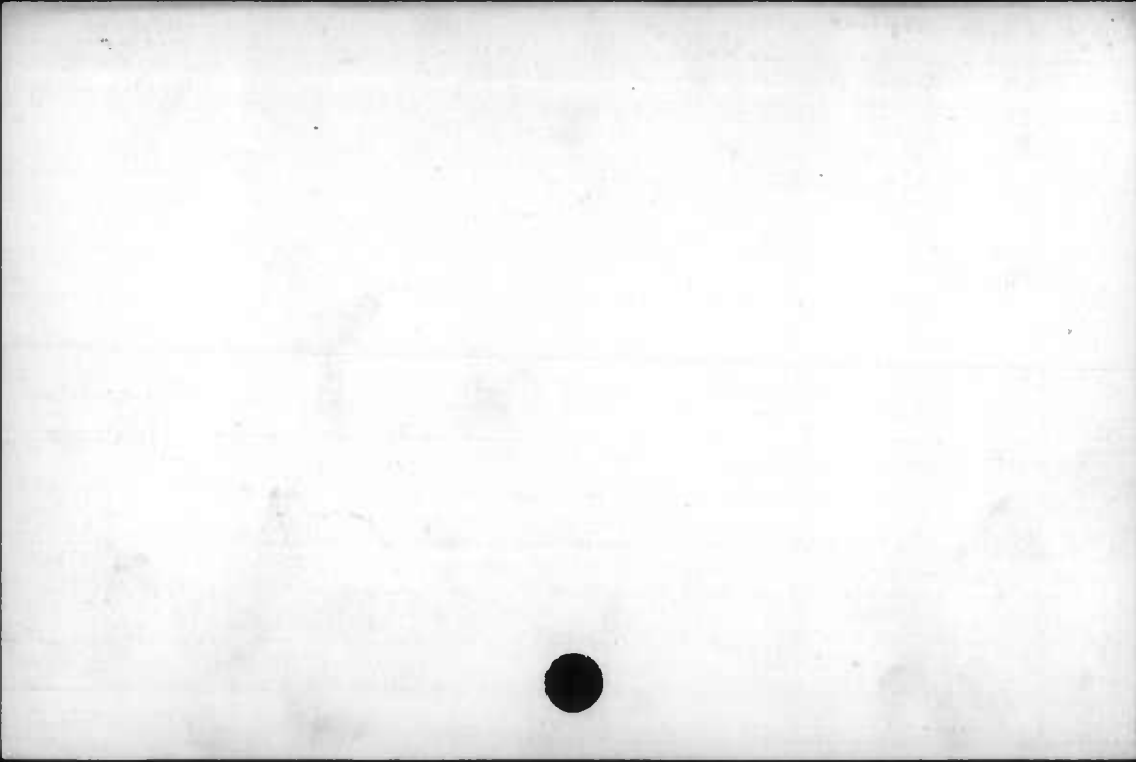
Died at <i>mt Wiggins</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	Month <i>May</i>	Day <i>13</i>	Age <i>2</i>	Months <i>7</i>	Days <i>9</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Westport.</i>		
Occupation <i>none</i>	Where Residing if not at place of death <i>mt Wiggins</i>				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>chief</i>				
Father's Name <i>Thomas Wall</i>	Father's Birthplace <i>Baltimore co.</i>				
Mother's Maiden Name <i>Jennie Robinson</i>	Mother's Birthplace <i>Baltimore co.</i>				
Name of person giving information <i>Thomas Wall</i>	How related to deceased <i>father</i>				

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary <i>Pertussis</i>	How long <i>6 weeks.</i>
Immediate <i>Pneumonia</i>	How long <i>10 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Robbman</i>
	Address <i>mt Wiggins</i>
Accident or Suicide?	<i>med. 13</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John. H. Waters* County *X*

Died at *Windsor mill rd near Wallbrook* Town *Balto*

Date of death *1909* Month *May* Day *25th* Age *61* Years Months Days

Sex *Male* Color or Race *Colored* Birth-place *Balto*

Occupation *Laborer* Where Residing if not at place of death *Windsor mill road*

~~Married, single or widowed~~ *Married* Name of Wife or Husband *Sidney E. Waters*

Father's Name *Saverie Waters* Father's Birthplace *Md*

Mother's Maiden Name *_____* Mother's Birthplace *_____*

Name of person giving information *Sidney Waters* How related to deceased *wife*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis* How long *2 years*

Immediate *Respiratory Tract* How long *Immediate*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *A. C. Smith*

Address *Woodlawn St. 3*

Md.

Accident or Suicide? *_____*

Geo. W Riddemoser
515 S Foulton ave

Western Star Cemetery
on

May 27. 1909

Name
in
Full

Charles Watkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

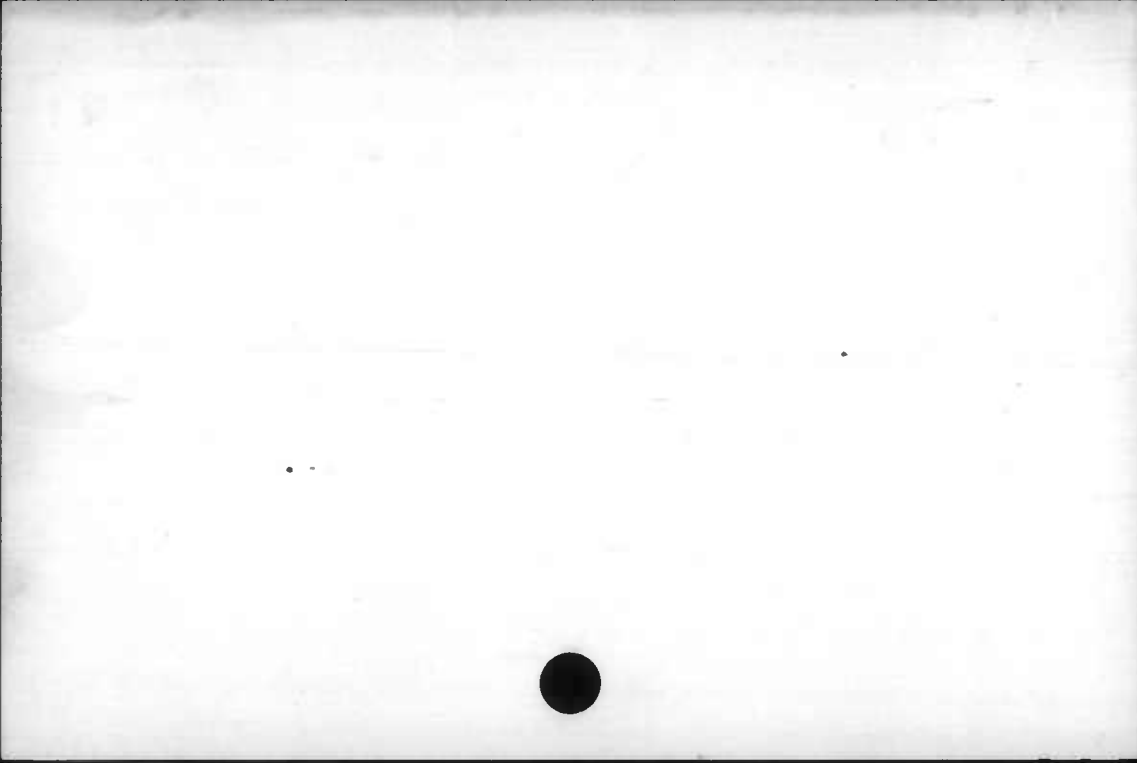
Died at <i>Brighton</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	1909	Month	5	Day	18
Age		22		Months	—
Sex	Male		Color or Race	White	
Occupation	Laborer		Birth-place	Baltimore County Md	
Where Residing if not at place of death		Brighton			
Married, Single or Widowed	Single		Name of Wife or Husband	—	
Father's Name	Harry Watkins		Father's Birthplace	Baltimore City	
Mother's Maiden Name	Mary Halligan		Mother's Birthplace	Ireland	
Name of person giving Information	Annie Linnet		How related to deceased	Aunt	

CAUSES OF DEATH

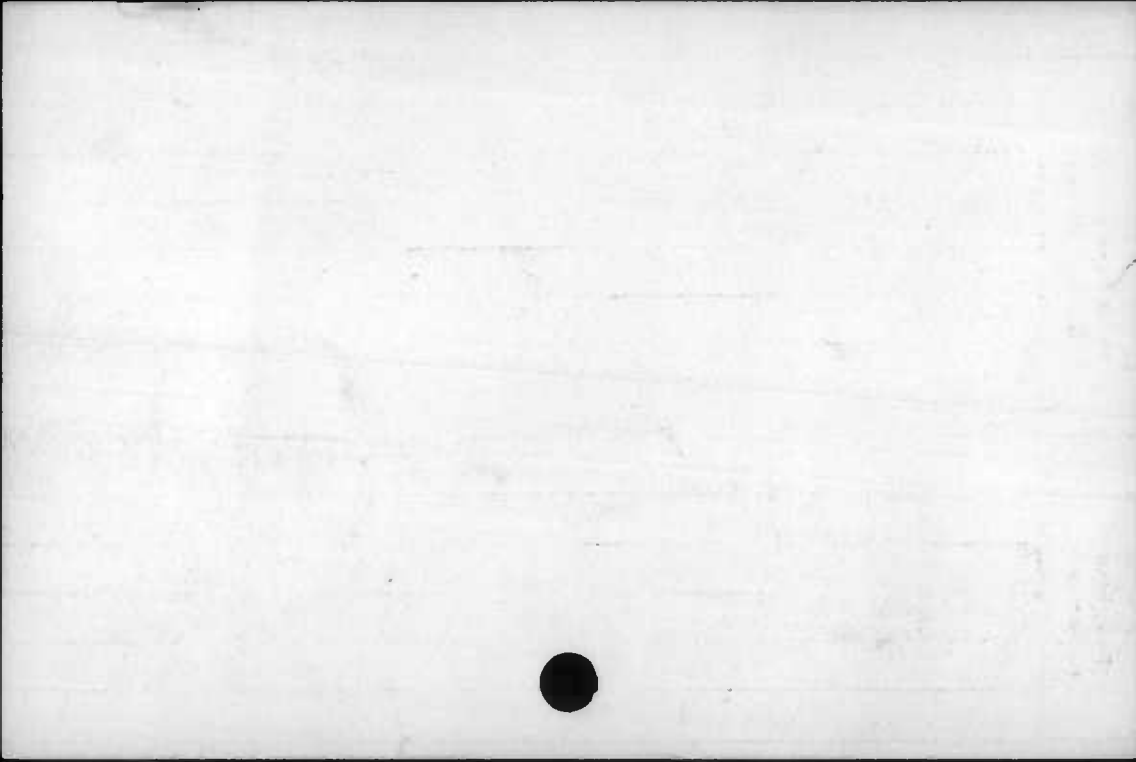
69

PHYSICIAN
OR CORONER

Primary	<i>Epilepsy</i>	How long	<i>Several Years.</i>
Immediate	<i>Cerebral Congestion</i>	How long	<i>few hours.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>C. B. Emsor</i>
Address	<i>Sta. E. Arlington</i>		
Accident or Suicide	<i>no</i>		



Name in Full <i>John T. Watson</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Gittings</i> Town		<i>Baltimore</i> County
	Date of death <i>1909</i> Month <i>May</i> Day <i>19</i>		Age <i>5 mos</i> Years Months <i>5 mos</i> Days <i>2 days</i>
	Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Gittings Md.</i>
	Occupation _____		Where Residing if not at place of death <i>Same</i>
	Married, Single or Widowed _____	Name of Wife or Husband _____	
	Father's Name <i>Thomas G. Watson</i>	Father's Birthplace <i>Md.</i>	
	Mother's Maiden Name <i>Helen E. Wilson</i>	Mother's Birthplace <i>Md.</i>	
Name of person giving information <i>Mrs J. V. Wilson</i>		How related to deceased <i>Grandmother</i>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <i>meningitis tubercular</i>		How long <i>two weeks</i>
	Immediate " "		How long " "
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>John A. Green</i>
			Address <i>Gittings Md.</i>
	Accident or Suicide? _____		



Name
in
Full

Benno. Weber

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *North Point* ^{Town} *12 Dist. Balt. Co.* ^{County} **MARYLAND**

Date of death *1909 May 19* ^{Month} *19* ^{Day} Age *64* ^{Years} *7* ^{Months} *—* ^{Days} *—*

Sex *Male* Color or Race *White* Birth-place *Germany*

Occupation *Weaver* Where Residing if not at place of death *North Point.*

Married, Single or Widowed *Married* Name of Wife or Husband *Anna M. Schindlotz*

Father's Name *Don't Know* Father's Birthplace *Germany*

Mother's Maiden Name *..* Mother's Birthplace *Germany*

Name of person giving Information *Anna M. Weber* How related to deceased *Wife*

CAUSES OF DEATH

112

Primary *Cervical Cancer* How long *2 mos to 1 year*

Immediate *Ascites exhaustion* How long *1 mos*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *C. H. Athey*

Address *3200 Hudson St*

Accident or Suicide *—*

PHYSICIAN
OR CORNER

Sacred Heart Cemetery
May 22nd 09

Lilly and Zeiler
Undertakers

Name
in
Full

Fannie Matilda Wells

CERTIFICATE OF DEATH

Town

County

Died at

Relay

Baltimore

MARYLAND

Date

of death 1909

Month

May

Day

25

Age

Years

70

Months

10

Days

23

Sex

Female

Color or
Race

White

Birth-
place

England

Occupation

None

Where Residing if not
at place of death

Baltimore, Md.

~~Married, Single~~
or WidowedName of ~~Wife~~ or
Huaband

Paul J. Wells

Father's
Name

John Carpenter

Father's
Birthplace

England

Mother's
Maiden Name

Fannie Sparks Redford

Mother's
Birthplace

England

Name of person giving
Information

Mrs. Mary J. Hagger

How related
to deceased

Sister

CAUSES OF DEATH

64

Primary

Senile Arteriosclerosis

How long

Probably several yrs.

Immediate

Cerebral hemorrhage (Rt. Hemiplegia)

How long

3 1/2 days

Are the name, age, sex, color, data
and place correctly given above?

yes

Signature of
Physician

M. R. Eareckson

Address

Elk Ridge Md

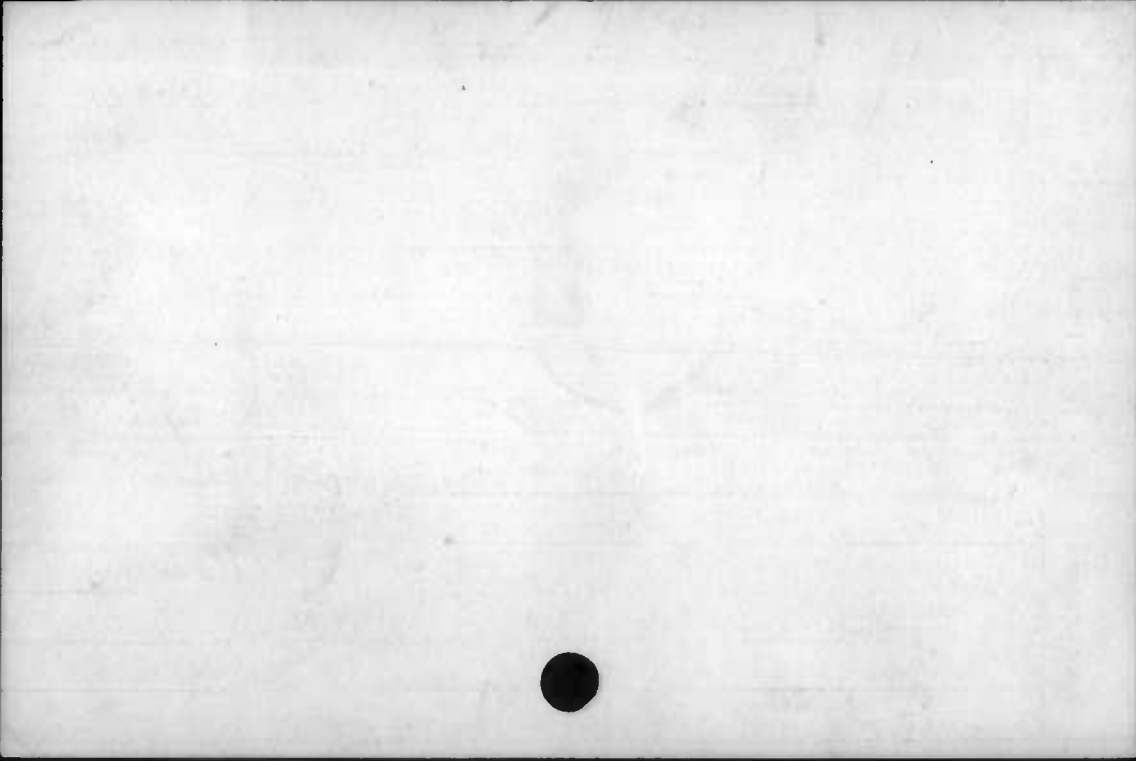
~~Accident or Suicide~~TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

~~Bess~~

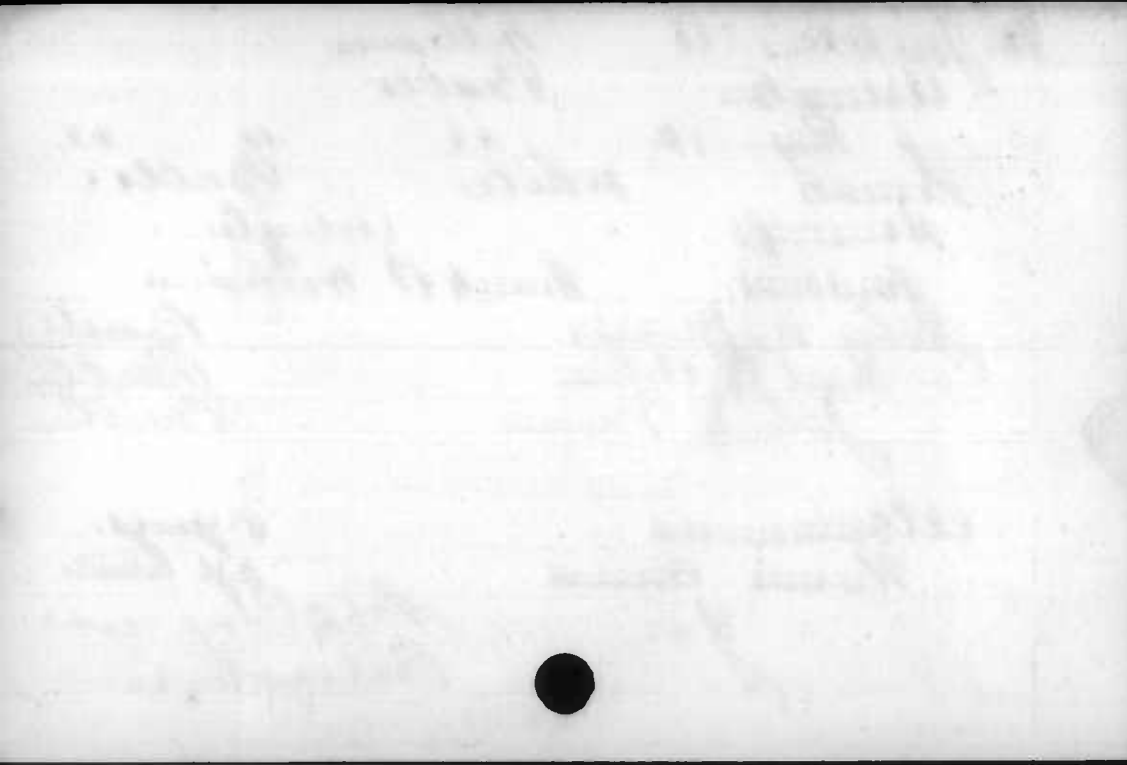
New Cathedral

Gen J Smith

Name in Full		Certificate of Death			
Sarah E. Wilhelm		Maryland			
Died at <u>Mr Zion</u> <small>Town</small>		<u>Balto</u> <small>County</small>			
Date of death <u>1909</u> <small>Month</small> <u>May</u> <small>Day</small> <u>29</u> <small>Years</small> <u>48</u>		Months		Days	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Balto Co.</u>	
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Widow</u>		Name of Wife or Husband <u>Mordecai T. Wilhelm</u>			
Father's Name <u>David Wilhelm</u>		Father's Birthplace <u>Unknown</u>			
Mother's Maiden Name <u>Margaret Hoover</u>		Mother's Birthplace <u>Unknown</u>			
Name of person giving information <u>Ada Wilhelm</u>		How related to deceased <u>Daughter</u>			
CAUSES OF DEATH					
Primary <u>Carcinoma Uteri</u>		How long <u>3 years</u>			
Immediate <u>Carcinoma Uteri</u>		How long <u>3 years</u>			
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Dr. J. O. Benson</u>			
		Address <u>Coopersville Md</u>			
Accident or Suicide? <u>—</u>					



Name in Full		W. Theodore Wilhelm				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Zion		Baltimore		MARYLAND	
	Date of death	1909	May	22	Age	46	Months 6 Days 29
	Sex	Male		Color or Race	White		
	Occupation	Farmer		Where Residing if not at place of death	Zion		
	Married, Single or Widowed	Married		Name of Wife or Husband	Sallie Wilhelm		
	Father's Name	Daniel Wilhelm				Father's Birthplace	Baltimore
	Mother's Maiden Name					Mother's Birthplace	
Name of person giving information	Erving Wilhelm				How related to deceased	son	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">(27)</div>							
PHYSICIAN OR CORONER	Primary	Tuberculosis				How long	Two yrs
	Immediate	General debility				How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
Accident or Suicide?				J. L. Preston M.D. Hamstead Md 5			



Name
in
FullMrs Josephine A
Town
Arlington
County
Baltimore
Milliams.

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

Month

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
in formationHow related
to deceased

CAUSES OF DEATH

130

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Baltimore Conn.

May - 17/909.

Wm Cook
502 E. Martha

Name in Full		Rufus K. Wood				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Sparrows Point		County Balto		MARYLAND		
	Date of death	1909	Month May	Day 16	Age 69	Years 5	Days 8	
	Sex	Male		Color or Race	white		Birth-place	Mass
	Occupation	Semi-Ming Md. Steel Co.			Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or husband		Alberta Ruth Wood		
	Father's Name	William Hood			Father's Birthplace	Mass		
	Mother's Maiden Name	Elizabeth French			Mother's Birthplace	..		
Name of person giving information	Mrs Fred W. Wood				How related to deceased	Sister-in-law		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="border: 1px solid black; border-radius: 50%; width: 50px; margin: 0 auto; padding: 5px;">164</div>								
PHYSICIAN OR CORONER	Primary	Fracture of leg from fall				How long	2 weeks	
	Immediate					How long	15 minutes	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		[Signature]	
			Address		Sparrows Point Md.			
	Accident or Suicide?							

Henry H. Jenkins and Sons Co
300 W. Madison St

Place of Burial Lowell Mass

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mortimer M. Young</i>		Town <i>Pikesville</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at		Month <i>5</i>		Day <i>26</i>		Years <i>75</i>	
Date of death <i>1909</i>		Age <i>75</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Virginia</i>			
Occupation <i>Clerk</i>		Where Residing if not at place of death <i>Pikesville</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>N. R. Young</i>					
Father's Name <i>Grover M. Young</i>		Father's Birthplace <i>N. J. Jersey</i>					
Mother's Maiden Name <i>Do not know</i>		Mother's Birthplace <i>Do not know</i>					
Name of person giving Information <i>Annie M. Robertson</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

Primary	<i>Senile Degeneration</i>	<i>66</i>	How long <i>Several yrs</i>
Immediate	<i>Paralysis</i>		How long <i>Several weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. O. M.</i>	
		Address <i>Pikesville Md</i>	
Accident or Suicide			

PHYSICIAN
OR CORONER

David Ridge

Name
in
Full

Elizabeth Zimmerman

CERTIFICATE OF DEATH

Died at ^{Town} Franklinton ^{County} Baltimore MARYLANDDate of death 1909 ^{Month} May ^{Day} 23 Age ^{Years} 94 ^{Months} 10 ^{Days} 19

Sex Female Color or Race White Birth-place Frederick Co Md

Occupation None Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Joshua Zimmerman

Father's Name

Green

Schreiner

Father's Birthplace

Md

Mother's Maiden Name

Schreiner

Mother's Birthplace

Md

Name of person giving Information

Frank Zimmerman

How related to deceased

Son

CAUSES OF DEATH

91

Primary

Acute Debility. Chronic Bronchitis

Immediate

Syncope

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Harold M. Munniss, Dickesville, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Lorraine County
Josh B. Cook -



186
124
3/10